

UNION BOARD AGENDA
Tuesday, 10th September, 2019, 1.00 – 3.00 pm
Banqueting Room, Grimsby Town Hall, Grimsby, DN31 1HU

- | | Page |
|---|-------------|
| <p>1. <u>Apologies for Absence</u></p> <p>To record any apologies for absence.</p> | |
| <p>2. <u>a) Declarations of Interest – Elected Members</u></p> <p>To record any declarations of interest by an Elected Member of the Union Board in respect of items on this agenda.</p> <p>Members declaring interests must identify the Agenda item and the type and detail of the interest declared.</p> <p><u>(A) Disclosable Pecuniary Interest</u>; or</p> <p><u>(B) Personal Interest</u>; or</p> <p><u>(C) Prejudicial Interest</u></p> <p><u>b) Declarations of Interest – CCG Union Board representative</u></p> <p>To record any declarations of interest made by a CCG Union Board representative in respect of items on this agenda.</p> | |
| <p>3. <u>Minutes of the previous meeting</u></p> <p>To record the approval of the draft minutes of the previous meeting (copy attached).</p> | 1 |
| <p>4. <u>Tracking of Actions</u></p> <p>To receive an update on actions agreed at the previous meeting (copy attached).</p> | 5 |
| <p>5. <u>Better Care Fund Plan 2019 – 2020 (Decision CCG/LA)</u></p> <p>To receive a report from the Director of Adult Services setting out the updated Better Care Fund Plan for 2019-20 (copy attached).</p> | 6 |

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|-----|--|-----------|
| 6. | <u>Draft Five Year Health and Care Strategy (Decision CCG/LA)</u> | 42 |
| | To receive a report from the Chief Operating Officer (CCG) presenting the draft five year Health and Care strategic plan for the Union which will also act as the CCGs strategic plan (copy to follow). | |
| 7. | <u>Primary Care Networks (Discussion Item)</u> | - |
| | To receive a presentation from the Clinical Chief Officer on the development of Primary Care Networks. | |
| 8. | <u>Finance Report (Discussion Item)</u> | - |
| | To receive a verbal update on financial performance for 2019/20. | |
| 9. | <u>Adult Social Care Performance – Quarter One (Discussion Item)</u> | 63 |
| | To a report providing an update on adult social care performance to the end of quarter one for 2019/20 (copy attached). | |
| 10. | <u>Health Check Recommissioning (Decision CCG/LA)</u> | 68 |
| | To receive a report from the Director of Health and Wellbeing seeking permission to re-procure the Health Check Service (copy attached). | |
| 11. | <u>Mental Health Support Teams (Decision CCG/LA)</u> | 71 |
| | To receive a report from the Portfolio Holder for Children, Education and Young People outlining a joint exercise in the procurement of two Mental Health Support Schemes for the support of children and young people (copy attached). | |
| 12. | <u>Urgent Business</u> | - |
| | To receive any business which, in the opinion of the Chair, is urgent by reason of special circumstances which must be stated and minuted. (Any attendee wishing to raise an item of urgent business should raise this with the Chair prior to the meeting.) | |
| 13. | <u>Public Questions</u> | - |
| | To receive any questions from members of the public relating to matters within the remit of this Board. | |

ROB WALSH
JOINT CHIEF EXECUTIVE - NELC/CCG

Please note: These minutes remain in draft form until the next meeting of the Union Board on 10 September 2019

**UNION BOARD
MINUTES OF THE MEETING HELD ON TUESDAY 16TH JULY 2019 AT 1.00 PM
TOWN HALL, GRIMSBY**

PRESENT:

Mark Webb	NEL CCG Chair
Dr Peter Melton	Chief Clinical Officer, CCG
Philip Bond	Community Representative, CCG
Dr Ekta Elston	Medical Director /Vice Chair of Council of Members, CCG
Councillor Cracknell	Portfolio Holder for Health, Wellbeing and Adult Social Care, NELC
Councillor Fenty	Portfolio Holder for Regeneration, Skills, Housing and Assets, NELC
Councillor Lindley	Portfolio Holder for Environment and Energy, NELC

IN ATTENDANCE:

Rob Walsh	Chief Executive NELC/CCG
Joanne Hewson	Chief Operating Officer, NELC
Laura Whitton	Chief Financial Officer, CCG
Stephen Pintus	Director of Health and Wellbeing, NELC
Sharon Wroot	Director of Resources and Governance, NELC
Helen Kenyon	Chief Operating Officer, CCG
Bev Compton	Director of Adult Services, NELC/CCG
Emma Overton	Policy and Practice Development Lead, CCG
Steve Kay	Director of Children's Services, NELC
Paul Windley	Democratic and Scrutiny Team Manager

1. APOLOGIES

Apologies for absence from this meeting were received from Councillor Jackson.

The Chair reported that Dr Sudhakar Allamsetty had just been accepted as Chair of the CCG Governing Body and would therefore be joining the Union Board from its next meeting.

2. DECLARATIONS OF INTEREST

Mr Bond noted that he was Chair of Governors at the Toll Bar Academy and the Toll Bar Trust. No other conflicts of interest were recorded or interests declared by the Elected Members, or the CCG Union Board representatives.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting were agreed as a correct record.

4. TRACKING OF ACTIONS

The Union Board received an update on actions agreed at the previous meeting.

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It was noted that some comments had been received on the Strategic Framework for Wellbeing, including a full response from the community forum. The framework would now be taken to the Place Board later this month before being reported back to the Union Board.

It was noted that SEND had been further considered at last month's Union workshop meeting and a further monitoring visit was imminent.

RESOLVED – That the update be noted.

5. UNION STRATEGIC PRIORITIES

The Board received a presentation from the Joint Chief Executive on the proposed strategic priorities for the Union.

The presentation set out the previously agreed vision for the Union and some of the key drivers. The union priorities had to pass both the 'value added' and 'so what' tests and were suggested as follows:

- Primary Care Networks
- Adult Services
- SEND
- Humber Acute Services Review
- Union Operating Model

The agreed priorities would then inform the Union's first business plan, which was due to be submitted to this Board in September, 2019, and this would then be followed by the establishment of a single leadership team working to a single operating framework.

The Chair enquired whether there was sufficient representation for children's health. Mr Walsh felt that there was and noted that Primary Care Networks should be a vehicle for some of the big challenges regarding children's health.

Councillor Fenty enquired how the skills agenda would fit in to the priorities. Mr Walsh responded that skills remains a key priority and each of the six areas within the Humber Coast and Vale STP partnership have to develop plans to address this issue.

RESOLVED - That the following strategic priority areas be agreed, to inform the Union business plan to be submitted to the meeting of the Union Board in September, 2019:

- **Primary Care Networks**
- **Adult Services**
- **SEND**
- **Humber Acute Services Review**
- **Union Operating Model**

6. PLANNING APPROACH

The Board received a report providing an update regarding the work on developing a five year Health and Care strategic plan for the Union which will also act as the CCGs strategic plan. The planning approach involved all key local stakeholder organisations in formulating the Health and Care strategic plan for the Borough which takes into account local aspirations and needs as well as responding to requirements laid out in the NHS Long Term Plan and by the Humber Coast and Vale Partnership.

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Ms Kenyon noted that a meeting was due to be held later this month with health and social care colleagues to further shape the plan and a final draft would then be available in September, 2019 prior to submission to the Humber Coast and Vale Partnership.

RESOLVED – That the planning approach and timescale for the completion of the Union Health and Care Strategic Plan be approved.

7. ADULTS SERVICES STRATEGY

The Board received a report seeking approval of the Adults Strategy for 2019-22.

The Chair welcomed the strategy and, in particular, its use of plain English to make it understandable and engaging. He enquired whether population changes had been taken into account in producing the strategy.

Ms Overton confirmed that they had and the growing numbers of older people did present a significant challenge for service provision.

RESOLVED –

(1) That the Adult Strategy 2019-2022 be approved.

(2) That the accompanying action plan and equality impact assessment be noted.

8. HUMBER ACUTE SERVICES REVIEW

The Board received a report providing an update on the work being progressed as part of the Humber Acute Services Review, which is a work programme within the Humber Coast and Vale Partnership.

Mr Bond raised concerns about the level of public engagement and cautioned against reliance on the Citizen's Panel.

Dr Melton suggested that it would be helpful to invite a lead member of the Humber Acute Services Review team to the next meeting of the Union Board to provide a further update on progress.

RESOLVED –

(1) That the report and progress to date in relation to the Humber Acute Services Review be noted.

(2) That a lead member of the Humber Acute Services Review team be invited to the next meeting of the Union Board to provide a further update on progress.

9. ADULTS REVIEW

The Board received a verbal update on actions being taken following the recent Adult Services Review.

Ms Compton reported that a number of pieces of work were underway post review, including the development of the Adults Services Strategy. Future Gov had been invited back this week to provide challenge on progress to date and the outcome had been very positive.

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RESOLVED – That the update be noted.

10. CHILD DEATH REVIEW ARRANGEMENTS

The Board received a report seeking ratification of new child death review arrangements. It was noted that this was a retrospective report with the arrangements signed off by the Chair of the Union Board in order to meet publication deadlines as set out in statutory guidance.

RESOLVED – That the child death review plan document, as appended to the report now submitted, be ratified.

11. CHILDREN'S SAFEGUARDING ARRANGEMENTS

The Board received a report on the adoption of the draft Local Arrangements Plan in response to new national guidance for safeguarding taking effect in June 2019.

RESOLVED – That the report be noted.

12. PUBLIC QUESTIONS

There were no questions from the public for this meeting.

There being no further business, the Chair closed the meeting at 2.22 p.m.

Summary of Matters Arising from the Union Board Meeting held on 16 July 2019

Item		By	On Forward Agenda	Completed/ Comment
8.	That a lead member of the Humber Acute Services Review team be invited to the next meeting of the Union Board to provide a further update on progress.	Paul Windley		Sarah Lovell to attend Union Board Workshop in October, 2019.

UNION BOARD

Agenda Item 5

Date of Meeting: 10 09 2019

Subject: Better Care Fund Plan 2019 – 2020

Presented by: Bev Compton/ Emma Overton

STATUS OF THE REPORT (*auto check relevant box*)

For Information

For Discussion

Report Exempt from Public Disclosure No Yes

EXEC SUMMARY:

The Better Care Fund (BCF) is designed to promote integration between health and social care, and to create a local single pooled budget to incentivise the NHS and local government to work more closely together. BCF has not been the driver for integration in North East Lincolnshire (NEL), where an agreement under s75 of the NHS Act 2006, and pooled budget arrangements, have been in place since 2007. We had previously understood that NEL would ‘graduate’ from the requirements of the BCF (i.e. had achieved a sufficient level of integration to remove the requirement to submit annual plans and quarterly updates on those plans), but the government has chosen not to allow any graduations for the time being.


The BCF Plan for 1st April 2019 – 31st March 2020 was requested by NHS England (NHSE) in July 2019. Given the timing of the request, NHSE states: “2019/20 is to be a year of minimal change for the BCF”; “areas [are] not required to repeat information they previously provided in their 2017/19 plans”. This year’s BCF plan is therefore an extension of last years’ plan, and its content is intended to update on information previously provided (under mandated headings). The plan will be nationally submitted on 27th September following informal feedback from NHSE, and amendment if required. National approval is expected mid-November.

BCF plans must be signed off via the Health and Wellbeing Board. Whilst there is no Place Board (acting as the Health and Wellbeing Board) until 2nd December i.e. after national approval, it is acceptable to submit the plan nationally on the basis that a date to secure formal local sign off is secured.

Recommendations:

Recommend the BCF plan for approval by the Place Board.

Implications:																																		
Risks and Opportunities:	<p>Risks The national conditions and metrics associated with the BCF are unchanged. The national conditions are:</p> <ol style="list-style-type: none"> 1. Plans jointly agreed by CCG/ NELC 2. NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution 3. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care 4. Managing Transfers of Care: a clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. Expectations for reducing or maintaining rates of DToC during 2019-20 are nationally set <p>The metrics are:</p> <ol style="list-style-type: none"> 1. DToC – not on track to meet target 2. Non-elective admissions (general and acute) – on track 3. Admissions to residential and care homes – on track 4. Effectiveness of reablement – not on track to meet target <p>Our performance on metrics for DToCs and reablement has decreased, and may result in additional scrutiny from NHSE. A decrease in performance indicates that the system is not operating as efficiently as intended, and that individuals are not being supported as effectively as we would wish. The reasons for the decrease are complex, and actions to address performance are alluded to in the narrative (tabs 4, 7 and 8). Further focused work is needed to address our DToC position in particular.</p> <p>Opportunities The iBCF (Improved Better Care Fund) has provided non-recurrent monies over a three-year period. This has provided the opportunity to spend in areas which are less negatively impacted than others by the short-term nature of this funding. For example, iBCF monies have been used to fund comprehensive training programmes designed to improve understanding and application of the Mental Capacity Act 2005 (identified as an area in need of local attention). However, as iBCF funding is non-recurrent, it has not facilitated longer term planning.</p>																																	
Finance Implications:	<p>The BCF requires CCGs to continue to pool a mandated minimum amount of funding, and local authorities to continue to pool grant funding from the iBCF, winter pressures funding and the Disabled Facilities Grant (paid directly by government to NELC). Allocations are as follows:</p> <table border="1" data-bbox="432 1621 1501 2040"> <thead> <tr> <th colspan="3">NELC Allocation</th> </tr> </thead> <tbody> <tr> <td>Disability Facilities Grant</td> <td>Recurrent</td> <td>£2.8m</td> </tr> <tr> <td>iBCF * (Adult Social Care)</td> <td>Recurrent</td> <td>£5.9m</td> </tr> <tr> <td>iBCF *</td> <td>Non Recurrent (Year 3 of 3)</td> <td>£1.1m</td> </tr> <tr> <td>Winter Pressures Grant</td> <td>Non Recurrent (Year 2 of 2)</td> <td>£0.8m</td> </tr> <tr> <td></td> <td></td> <td>£10.7m</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="3">CCG Allocation</th> </tr> <tr> <td>BCF</td> <td>Recurrent</td> <td>£12.0m</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td>£22.7m</td> </tr> </tbody> </table> <p>*National iBCF allocation must be used for ➤ the purposes of meeting adult social care needs;</p>	NELC Allocation			Disability Facilities Grant	Recurrent	£2.8m	iBCF * (Adult Social Care)	Recurrent	£5.9m	iBCF *	Non Recurrent (Year 3 of 3)	£1.1m	Winter Pressures Grant	Non Recurrent (Year 2 of 2)	£0.8m			£10.7m				CCG Allocation			BCF	Recurrent	£12.0m				Total		£22.7m
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	<ul style="list-style-type: none"> ➤ reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; ➤ ensuring that the local social care provider market is supported. <p>A breakdown of NEL's income and expenditure can be found on tabs 5 and 6.</p>
Legal Implications:	The Care Act 2014 introduced the BCF. Compliance with its annual and quarterly reporting regime is mandatory.
Quality Implications:	Many BCF 'badged' schemes have a quality element; for example, the Single Point of Access (SPA) is designed to provide a first telephone point of contact for adults 24 hours a day 365 days per year. This year it received around 150,000 calls, and feedback from callers was consistently good. The SPA's multi-disciplinary teams (staff from social care, health care, mental health and therapies) offer advice and information on self-care and independence. They also refer callers for more in-depth assessments, and offer crisis response, where necessary. Another example of a BCF 'badged' scheme is the Preventative Services Market Development Board ('the Board') via which local organisations can apply for funding to meet gaps in service provision where they have sustainable ideas for promoting independence. For instance, the Board heard that local people were unable to access foot care, and that this might be partly responsible for reduced mobility and falls. Using funding from the Board, Foresight has trained and equipped a staff member to visit individuals' homes and hold regular clinics providing foot care at reasonable prices. The scheme has been so successful that an extra staff member has been recruited.
Engagement Implications:	<p>The three BCF plans created to date are available on the CCG's website: https://www.northeastlincolnshireccg.nhs.uk/supporting-communities/better-care-fund/ On completion of the latest BCF plan, it will be added to the CCG's BCF page.</p> <p>The CCG has shared the DRAFT narrative and high-level financial information with the ICP (now the HCE – Health Care Executive) Board. Whilst there has been no further direct engagement on the content of this year's BCF plan, it has been informed by areas of work which have previously been subject to engagement, or are currently subject to engagement. For example, the outcome of the Adult Services Review (and resulting Adult Strategy) was subject to engagement, and the revisioning of our approach to reablement is subject to a current programme of engagement; both are relevant to delivery of our BCF plan.</p>
Conflicts of Interest	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>There are no actual or potential conflicts of interest of which the writer is aware.</p>
Supporting papers	<p>Embedded documents –</p> <ul style="list-style-type: none"> • Better Care Fund plan spreadsheet template. <p> BCF_201920_Planning_Template_v1.0 DI</p>

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed. Please let us know if any of the submitted contact information changes during the BCF planning cycle so we are able to communicate with the right people in a timely manner.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the worksheet.

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments since 2017 and cover areas such as prevention.
- 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
- 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include any discretionary use of the DFG.
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding your local approach.

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- While selecting schemes and sub-types, the sub-type field will be flagged in 'red' font if it is from a previously selected scheme type. In this case please clear the sub-type field and reselect from the dropdown if the subtype field is editable.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.

- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant unit from the drop down and an estimate of the outputs expected over the year. This is a numerical field.

6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the scheme is not expected to impact a metric, the 'n/a' option could be selected from the drop-down menu.

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToc. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-down list

- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further details.

8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and actual performance on these metrics in 2018/19.

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.

- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.

- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.

- The annual rate is then calculated and populated based on the entered information.

- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToc) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements [\(click to go to sheet\)](#)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping [\(click to go to sheet\)](#)

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Better Care Fund 2019/20 Template

2. Cover



Version 0.1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	North East Lincolnshire
Completed by:	Emma Overton
E-mail:	emmaoverton@nhs.net
Contact number:	0300 3000 662
Who signed off the report on behalf of the Health and Wellbeing Board:	Clr Margaret Cracknell
Will the HWB sign-off the plan after the submission date?	No
If yes, please indicate the date when the HWB meeting is scheduled:	02/12/2019

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Clr	Margaret	Cracknell	margaret.cracknell@nelincs.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Dr	Peter	Melton	peter.melton@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	N/a	N/a	N/a	N/a
	Local Authority Chief Executive	Mr	Rob	Walsh	rob.walsh@nelincs.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Ms	Bev	Compton	beverley.compton@nhs.net
	Better Care Fund Lead Official	Ms	Emma	Overton	emmaoverton@nhs.net
	LA Section 151 Officer	Ms	Sharon	Wroot	sharon.wroot@nelincs.gov.uk
<i>Please add further area contacts that you would wish to be included in official correspondence --></i>					

*Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

#REF!

	Complete:
2. Cover	No
4. Strategic Narrative	Yes
5. Income	Yes
6. Expenditure	#REF!
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

Checklist

2. Cover

[^^ Link back to top](#)

	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	No

Sheet Complete

No

4. Strategic Narrative

[^^ Link back to top](#)

	Cell Reference	Checker
A) Person-centred outcomes:	B20	Yes
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes

C) System level alignment:	B44	No
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Sheet Complete	Yes
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5. Income [^^ Link back to top](#)

	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes

Sheet Complete	Yes
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6. Expenditure [^^ Link back to top](#)

	Cell Reference	Checker
Scheme ID:	B22 : B271	#REF!
Scheme Name:	C22 : C271	#REF!
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	No
Planned Output Unit Estimate:	I22 : I271	No
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes

Sheet Complete	#REF!
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7. HICM [^^ Link back to top](#)

	Cell Reference	Checker
Priorities for embedding elements of the HICM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes

Sheet Complete	Yes
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8. Metrics [^^ Link back to top](#)

	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes

Sheet Complete	Yes
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9. Planning Requirements [^^ Link back to top](#)

	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes

PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes
Sheet Complete		Yes

[^^ Link back to top](#)

Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

North East Lincolnshire

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,838,604	£2,838,604	£0
Minimum CCG Contribution	£12,032,961	£12,032,961	£0
iBCF	£7,041,922	£7,041,922	£0
Winter Pressures Grant	£779,710	£779,710	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£22,693,197	£22,693,197	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£3,419,426
Planned spend	£6,860,816

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£1,765,028
Planned spend	£4,335,946

Scheme Types

Assistive Technologies and Equipment	£1,512,594
Care Act Implementation Related Duties	£765,707
Carers Services	£0
Community Based Schemes	£3,614,275
DFG Related Schemes	£2,838,604
Enablers for Integration	£561,447
HICM for Managing Transfer of Care	£0
Home Care or Domiciliary Care	£188,732
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£2,810,596
Intermediate Care Services	£6,418,319
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£2,324,554
Residential Placements	£23,391
Other	£1,634,978
Total	£22,693,197

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established
Chg 4	Home first / discharge to assess	Established
Chg 5	Seven-day service	Established

Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established

[Metrics >>](#)

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	759.8169111

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.885714286

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care
- Promoting choice and independence

Remaining Word Limit:

NEL's approach to health and wellbeing, focusing on prevention, putting the community at the centre of service re-design, and supporting people to take greater responsibility for their own wellbeing is represented in the 'funnel of transformation' depicted in our previous BCF plan. This remains key to current and future planning. Our Adult Strategy (applicable to all adult health and care services) relies on an enabling, person-centred, conversational approach. The Strategy revision resulted from a recent review of adult services; both the review and the Strategy itself were undertaken in conjunction with providers, staff, and service users. The Strategy is accompanied by new measurements which (in part) reference user experience of health and care to identify whether local objectives are being met. Using the Strategy as a 'springboard' to enhance clarity of purpose and improve understanding of our impact, we increase our chances – as a Union, working with provider partners – of benefiting those we seek to serve. By focusing on individual and community assets and strengths, we increase the likelihood that we will create a resilient population able to thrive on independence and self-care, and reach their maximum potential. The priorities set out within the Strategy are largely quality focused; for example, a remodelled care at home service and more sustainable residential care sector is likely to offer users greater choice and control and so to enhance their experience of quality care and support. The Strategy and action plan can be viewed via: <https://www.northeastlincolnshireccg.nhs.uk/about-us/adultstrategy/> Innovative person-centred initiatives continue to be considered via the Preventative Services Market Development Board (PSMDB), such as the recently funded specialist boxing classes for people with learning disabilities and other mental health issues. This year the PSMDB has awarded just short of £70k to such initiatives, levering in an additional £352,076 into the health and care sector and resulting in £50.97 attracted for every £10 spent by the PSMDB. This year PSMDB has taken a new approach to how it funds projects by limiting the length of investments in line with a risk analysis: unless pre-agreed milestones are achieved, funding ceases. This approach has enabled the PSMDB to invest in more innovative projects while at the same time reducing the risk of wasting resources. The PSMDB's relationship with Key Fund, an established social investor, has developed and as a result, the project has been able to attract resources to support the organisations that it has funded and ensured their long-term sustainability. These are resources that would not otherwise be available. The relationship with the Key Fund has led to an emerging relationship with a significant charitable funder who has expressed an interest in putting funding into some of the initiatives that PSMDB develops and if this proves successful could lever in substantial funding to the health and social care sector. This money could not be accessed without the PSMDB's work. Plans are currently in development that will see the PSMDB project stimulate the establishment of community hubs, based on the success of the Time Banking programme. These will deliver a range of activities designed to impact on health and well-being and reduce social isolation. Since submission of the last plan, the Union has continued with work to improve the provision of information and advice in North East Lincolnshire. With provider partners, Union staff are working on a project called 'Developing an IAG framework'. Through this project steering group, a draft framework for information, advice and guidance (IAG) has been developed, consisting of principles and guidelines for delivering accurate, co-ordinated and user-focussed IAG no matter where a customer goes for support. Many of the Council and CCG projects represented by the steering group (including projects for health and adult social care and public health's No Wrong Front Door initiative) conducted their own research. The themes from this collated research, alongside the principles of the information and advice charter developed for health and care, have informed the draft framework. It is hoped that consistent standards for information and advice delivery will improve the coordination of information and advice locally; improvements to accessibility will provide people with information/ advice to promote choice, self-care, and independence. Work has also commenced to improve the quality and accessibility of online information and advice for health and care. In late 2018, a project focusing on the Single Point of Access (SPA) identified that digital navigation and digital content for health and social care needs improving, to complement SPA's telephony offer. Funding was allocated to the CCG in 2018 for the development of a local search tool/single point of information that will pull information from trusted sources to answer customer queries. To ensure related work is joined up, the development of a local search tool/single point of information will be linked to the creation of a digital platform for health and care. Starting in July 2019, the digital platform for health and social care will be designed, built and tested; projected completion is end March 2020. The digital platform will prototype a single point of information (a localised search tool for health and care). Whilst the initial prototype for the single point of information will focus on health and care information, it is envisioned that once the concept has been demonstrated, the search tool could be expanded to incorporate other topics or the prototype could be replicated for other service areas. Since the last BCF plan, we have undertaken a programme of practice development across micro-commissioners (within health, mental health and social care). This has included a smart survey knowledge test, follow up training sessions, plus team meeting and professional forum discussions using case law and local ombudsman decisions as case studies. The focus throughout has been on securing a person-centred, rights based approach to lawful decision making. We have also undertaken an audit to understand the degree to which person-centred, asset based approaches can be evidenced in assessments and care planning. As part of the delivery of our Adult Strategy, we are planning a programme of activity looking at the interface between services (e.g. social care and housing, adult and children's services etc) with the aim of reducing the number of assessments required for individuals to secure the help they need. These activities are designed to ensure consistency of approach across settings to offer a more integrated experience. The ICP Dementia Steering Group continues to meet quarterly to oversee implementation of the local dementia plan. Workstreams have been amalgamated from 5 to 3 to optimise effort and better meet issues that cut across themes. Further person-centred Dementia Friends training has been delivered and activity for Dementia Action Week resulted in nomination for a charity donation. Work is quite advanced in developing dementia friendly bays at our local hospital including training staff (86% achieved). Development of a policy/pathway for delirium care is underway. Postdiagnostic leaflets are being finalised. The dementia workstreams have been audited. Elements of the workstreams have reached their potential and are escalated to the ICP (now called the HCE – health and care executive) for advice/enabement for further development. Our vision for enhanced support to care homes has continued to develop. In addition to linking community teams to specific care homes and enhancing access to NHS.NET, work has started to deliver four more workstreams. Our Falls Prevention work has been redesigned to allow in-provider training to be delivered across all providers in a simplified way, ensuring more spread of training. We have established a hydration workstream to ensure that providers understand the need to ensure adequate hydration. A community nurse provides in-care home training and support to ensure staff fully understand and are able to demonstrate relevant skills. The intention is that should help reduce the number of UTIs and reduce anti-microbial prescribing. A pilot has begun to review nutritional needs and 3 care homes have agreed to participate. It is hoped that effective work of maintaining nutritional standards will significantly

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

Remaining Word Limit:

[^^ Link back to top](#)

So far as legally possible, the CCG and NELC have achieved integration via a Union, and this has been reflected in further updates to the s75 agreement. Since submission of the previous plan, some of the anticipated benefits set out have begun to be realised; for example, the CCG and NELC have co-located so that health, care and public health commissioning teams work in the same building and are led by a joint management team and chief executive. A single Union commissioning plan has been developed, underpinned by a set of shared core commissioning principles designed to reflect the findings of the Adult Services Review. The Union is being supported to develop further by FutureGov, which over 9 months will help the Union set the standard for its future decision making, culture, technology and organisational design. This will clarify Union priorities and provide a roadmap for further integration. In July 2019, the first strategy approved via a shared authorisation route - the 'Union Board' - was NEL's Adult Strategy. The Strategy focuses on health and care services, but seeks to influence wider services which support wellbeing. It sets out how the ambitions of the local outcomes framework, and place-based vision for health and wellbeing (also referenced in our previous BCF plan), can be delivered by adult services. The Strategy is the Union's response to the findings of the Adult Services Review; it identifies where we are now, where we want to get to, and how we intend to get there. It aims to offer a more succinct vision and model in accessible language, based on key principles and priorities for action. We will assess our success by measuring against three sets of statements: for local people, providers/ staff and the Union. An accompanying plan references how actions will support the realisation of each statement. A group of key representatives will have oversight of the plan, and report via the Union Board. The Single Point of Access (SPA) referred to in previous plans continues to be a key platform for the delivery of integrated health and care within NEL. Call activity for 2019/20 remains consistent with previous years, averaging approximately 12,500 calls per month across all SPA functions. As part of SPA's transformation into a Clinical Advisory Service we are working collaboratively with our local 111 provider; we have a dedicated 111 liaison contact which is supporting some operational elements of delivery. Recruitment and retention within the SPA's health clinical team is challenging, partly due to the nature of the role (clinicians traditionally prefer face-to-face activity) and partly the unsociable hours. We are seeking innovative ways to mitigate. We are working towards establishing formal links with the local urgent treatment centre to enable more streamlined clinical escalation mechanisms for SPA health clinicians. The success of SPA's community therapy (occupational and physio) triage function has led to consideration of expansion; the intention is to expand workforce capacity to enable a triage role for the neurological therapy teams (which includes stroke, rehab medicine and rehab neuro). During 2018/19, the CCG expanded 7-day services through the rollout of extended access to general practice Monday to Friday 8am to 8pm and Saturday and Sunday opening. This service came into effect from 1st October 2018 and is delivered on a collaborative basis by local practices working together. The newly established PCNs are now officially taking the lead for this, and the service is an interim arrangement until 31st March 2020. The longer-term future arrangements will be determined prior to the end of the interim service, and will incorporate findings from the current national access review. It is anticipated that PCNs will deliver this service in the longer term, and they will be able to build in access to other services as they develop and expand the services delivered across the PCN network. NEL continues to work collaboratively with local VCS organisations to deliver a successful Social Prescribing programme. 204 patients to date have benefitted from activities to help them manage their Long Term conditions more effectively and the team continues to receive a high level of referrals. This innovative programme, supported by ca. £1.1million investment from the Big Lottery Fund is working closely with NELC's wellbeing team to maximise benefits to local people and challenge health inequalities. More information on local approaches to social prescribing can be viewed here: <https://vimeo.com/350323222> In addition to the current Union-supported VCSE Forum, a VCSE Network is in development to further stimulate joint working across VCSE partners and between such partners and commissioners. For example, one of the topics for exploration is how VCSE colleagues can better utilise the same system outcomes/ success measures in their work and support delivery of the objectives in the Adult Strategy. More information can be found here: <https://www.northeastlincolnshireccg.nhs.uk/get-involved/how-we-work-with-our-local-voluntary-and-community-sector/>

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the

[^^ Link back to top](#)

Remaining Word Limit:	76
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This year our work is heavily focused on equipping people with aids for daily living, adaptations, assistive technology, self-help skills and where necessary clinical therapy input to support individuals to be the best they can be. To do this, we need to look at all of the aspects of independence (physical, practical, financial, social and psychological) and the person's needs in terms of health, care, housing, education, leisure, work and social life, so the response to meeting need can be tailored and personalised. Over the last year, significant work has been done to ensure equipment, adaptation and telecare provision is working closer together. The Assisted Living Centre has been reviewed; a revised specification and KPIs are being developed to ensure further efficiencies, innovation and best practice. We have already utilised some DFG monies differently to purchase aids for daily living which provide the same or improved outcomes for individuals with less invasive measures, by working together via the DFG panel process which includes representatives from health, housing and social care. DFG has progressed significantly in the last year, resulting in reduced waiting times, improved expenditure against the grant and improved partnership working. Our Housing Assistance and Disabled Adaptations Policy (HADAP) is currently out for consultation. The revisions proposed will seek to utilise the council's discretion to flexibly deploy the DFG allocation. Some proof of concepts are already being trialled. Should the HADAP be approved we will use our discretion to:

- provide a 'top-up' (max of £20,000) to the grant contribution in exceptional cases where costs exceed £30,000
- replace existing adaptations where they reach the end of their lifespan and are still required to meet need
- remove general means testing for adaptations up to £5,000 and for those residents at end of life to a value of £10,000
- Assist those with shared care responsibilities for a disabled child
- Provide dementia-friendly home assistance.

We also hope to launch a raft of wider innovative projects to ensure we support people to live as independently as possible in their own homes, these include:

- Working to support those who have waited for suitable adapted housing on our home choice links register
- Improving the thermal comfort of those who have health conditions which are exacerbated by damp and cold environments
- Specifying our new build supported living facility to meet a range of complex needs
- Developing a trusted assessor approach to minor adaptations
- Improving the range of contractors on our contractor framework to ensure major DFG works are timely.

Alongside this work, we have begun a project to review local re-ablement provision in its broadest sense: we intend to foster a reablement approach to all interventions, from helping individuals/ carers to support themselves, through to clinically directed support, and everything in between e.g. voluntary/ community sector support and domiciliary care support. An initial workshop explored what is working well, what could be improved, how we might effect change and the start of a re-ablement vision. At the end of the discovery phase, a 'road map' of what needs to be addressed will shape an improvement plan. The project is co-produced by commissioners, professionals, users, carers and the public. The Adult Strategy's action plan includes a programme of work to look at the interface between various services with a view to improving user experience. The current focus is on a) the link between wider adult health/ care services and housing, and between adult and children's health/ care services. With regard to housing, a workshop has been held to consider where the interface between services currently fails, and how a pathway could be designed to address inadequacies. Work is underway to design the pathway, supported by agreed principles for shared working. With regard to the interface between children and adult's services, as working group has been created to consider how both services can better work together to improve preparing for adulthood (for young people and their families/ carers). The group's work is taking place alongside a targeted audit programme of transitions cases, seeking to identify what may not have worked well for young people and their families/ carers previously, and what could be improved. The outcome of this audit will help to direct future improvements at the interface between children and adult services.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

Our approach to integration remains broadly as set out in our previous BCF plan; this template provides updates regarding progress made. ALIGNMENT WITH OTHER PLANS: As well as continuing the digital work outlined in our previous plan, including the NHS Digital Roadmap, the following IT-related fresh work has been concluded: NEL was the first locality to successfully deploy direct integration between SystemOne and EMIS, creating a view of a single integrated shared record, covering primary care, community care, mental health and adult social care, which has realised significant benefit (and for which we have been nominated for an award). We are the first locality to pilot-deploy the summary care record into care homes promoting wider holistic care; the summary care record into care homes is also a driver for the enabling technology we are now deploying into care homes. We are also currently deploying the first wave of the Yorkshire and Humber Care Record, a portal which, over time, will deliver a single point of truth of care record & EPaCCS information. The local acute trust has a sharable view of their electronic record available using a standard web interface. The initial roll out phase is complete and further installations are available on request. These achievements have made tangible differences to improving patient experience. We have taken significant steps towards changing the professional culture from being sharing averse to sharing rich. With regard to winter pressures planning, we have undertaken a review via the A&E Board of what worked well/ what didn't work well last year, and this has informed our planning for the current year. Due to a deterioration in A&E performance, we are currently reviewing our winter plan priorities and schemes with a view to ensuring we are focusing our efforts on the those schemes that can be delivered in a short timescale and deliver the biggest impact. This will be highlighted at an upcoming A&E delivery board summit with NHSI/E (6th September) and this may impact on some of the utilisation of winter funding elements in this year's plan. The STP is currently preparing its 5 year strategic plan in accordance with the national timetable (end November), and as part of that the Union and HCE are pulling together the place based strategic plan which will feed into the STP overarching plan. The place based plan will build on the existing principles that have been in place for a number of years in terms of promoting a 'shift to the left' with support being provided to individuals as close to home as possible, and focusing on self-care/ support where appropriate. This is in accordance with the our previous BCF plans, therefore all the plans are aligned (see funnel of transformation in previous submission). WORKFORCE. Much local workforce development work is undertaken across health and care; for example, over the last 18 months a programme of training has been delivered focused on developing legal literacy and lawful decision making across social work, health and mental health professionals, as well as unqualified domiciliary, care home and supported living workers. All Mental Capacity Act 2005 training is now available to all across health and care free of charge, and the curriculum and delivery methods have been expanded. The revised offer is so successful that new staff have been employed and additional courses arranged to try to meet demand. A training-focused staff survey across all these cohorts has been undertaken to establish the degree to which staff feel training supports them in their role, with positive results. Action on identified areas for improvement are led by the Safeguarding Adults Board. Further similar cross-sector training activity is planned, including shared preparation for the Liberty Protection Safeguards across health and care. As part of the Adult Strategy action plan, a further series of staff surveys are planned to establish whether staff understand their expected contributions to Strategy objectives, and to assess their levels of satisfaction (designed to improve cross-sector efficiency – all staff working towards the same clearly defined objectives - and staff retention through improved satisfaction). Some workforce development activity is taken in tandem with North Lincs, and a Northern Lincolnshire workforce action plan is in development (with contributions from both CCGs, Councils and wider partners). This focuses on identifying local priorities, developing the existing workforce and workplace, and increasing future supply. This work is linked to the Excellence Centre and wider STP, an update for which can be reviewed at <http://humbercoastandvale.org.uk/wp-content/uploads/2019/07/HCV-Excellence-Centre-Update-July-2019.pdf> Governance: As noted in our previous plan, all schemes are subject to quarterly monitoring throughout the year and/ or are monitored by a scheme board or steering group, comprising professionals and community members. This means that evaluation is on-going as part of 'business as usual', rather than a one-off activity for the benefit of our BCF plan. Any underperformance is addressed via the relevant board/ steering group or contract monitoring meetings. BCF programme governance is part of the overall partnership governance that exists to support the Union. The pooled budget managers are NELCCG's Chief Finance Officer and NELC's Director of Resources & Governance. The overall lead for the plan is the director of adult services, which is a joint post across NELC and CCG. On-going high-level oversight of BCF schemes, and development of BCF plans, is undertaken by the BCF steering group (comprising CCG and NELC staff) which reports to the Union's joint senior team. What is new is that sign off of plans/ returns is now via delegation to the Union Board from the Place Board, acting as the Health and Wellbeing Board (H&WBB). Reporting on BCF/ iBCF use and effectiveness will be incorporated into updates on the health and wellbeing outcome (from the five place-based outcomes framework), presented to the Place Board by the Union Board. Embedding the H&WBB in the Place Board recognises the overall contribution of all five place-based outcomes to the wellbeing of local people by seeking to align services across sectors, whilst still meeting statutory requirements. The change acknowledges the overlap in membership of the H&WBB and confirms the key leadership role of the Union Board within the Place governance system. The new approach to the Place Board and the associated governance system offers a more efficient way of ensuring that local issues are dealt with for the greatest impact to achieve the desired outcomes, and reduce duplication. More information on governance arrangements can be found at: <https://www.nelincs.gov.uk/meetings/health-and-wellbeing-board-3/> To facilitate informed governance, we are working to create a comprehensive view of adult services performance. To date we have reviewed what we currently collate across adult health/ care services, and how far this supports us in identifying outcomes and user experience. This links to work going on within the Union to strengthen our assessment of the degree to which schemes (whether they be funded from within or outside of the BCF) are achieving their intended effect, both in terms of their impact on BCF metrics and the degree to which they are impacting on health inequalities (for details of key actions to address such inequalities see previous plan pages 14/15). This work is running in tandem with wider Union work to create a performance framework which measures against the five place-based outcomes (adult services' performance will feed into the health and wellbeing outcome), and will seek to evidence the Union's added value for the local population.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

North East Lincolnshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
North East Lincolnshire	£2,838,604
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£2,838,604

iBCF Contribution	Contribution
North East Lincolnshire	£7,041,922
Total iBCF Contribution	£7,041,922

Winter Pressures Grant	Contribution
North East Lincolnshire	£779,710
Total Winter Pressures Grant Contribution	£779,710

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	No
--	----

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS North East Lincolnshire CCG	£12,032,961
Total Minimum CCG Contribution	£12,032,961

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No
---	----

Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding

Total Addition CCG Contribution		£0
Total CCG Contribution		£12,032,961

	2019/20
Total BCF Pooled Budget	£22,693,197

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

North East Lincolnshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£2,838,604	£2,838,604	£0
Minimum CCG Contribution	£12,032,961	£12,032,961	£0
iBCF	£7,041,922	£7,041,922	£0
Winter Pressures Grant	£779,710	£779,710	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£22,693,197	£22,693,197	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£3,419,426	£6,860,816	£0
Adult Social Care services spend from the minimum CCG allocations	£1,765,028	£4,335,946	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Expenditure								
						Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Reablement & Intermediate tier	In residential or nursing home or in persons own home	Intermediate Care Services	Reablement/Rehabilitation Services		Packages		Not applicable	Medium	Medium	High	Social Care		LA			Private Sector	Winter Pressures Grant	£265,101	New
2	Additional placement capacity	In residential or nursing home	Residential Placements	Care Home		Placements	42.0	Not applicable	Not applicable	High	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£23,391	New
3	Dedicated discharge teams	embedded in Care at Home providers	Integrated Care Planning and Navigation	Care Coordination				Not applicable	High	Not applicable	Not applicable	Social Care		LA			Private Sector	Winter Pressures Grant	£116,957	New
4	Work with voluntary and community sector	to reduce DTOC or delay avoidable admissions	Integrated Care Planning and Navigation	Care Coordination				High	High	Not applicable	Not applicable	Social Care		LA			Charity / Voluntary Sector	Winter Pressures Grant	£109,159	New
5	Other interention to minimise or prevent delayed discharges, admissions .	Other interention to minimise or prevent delayed discharges, admissions .	Community Based Schemes					Low	High	Low	Low	Community Health		LA			Charity / Voluntary Sector	Winter Pressures Grant	£265,102	New
6	Intermediate tier	Reablement/Rehabilitation Services	Intermediate Care Services	Reablement/Rehabilitation Services				High	Medium	Medium	High	Community Health		CCG			Private Sector	Minimum CCG Contribution	£4,194,640	Existing
6	Intermediate tier	Intermediate Care Services	Intermediate Care Services	Reablement/Rehabilitation Services				High	Medium	Medium	High	Social Care		LA			Private Sector	Minimum CCG Contribution	£1,697,578	Existing
7	Single point of access	Single Point of Access	Integrated Care Planning and Navigation	Single Point of Access				Low	Not applicable	Not applicable	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£405,621	Existing
7	single point of access	Integrated Care Planning and Navigation	Integrated Care Planning and Navigation	Single Point of Access				Low	Not applicable	Not applicable	Not applicable	Social Care		LA			Private Sector	Minimum CCG Contribution	£587,566	Existing
8	Community Equipment	Community Based Equipment	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Medium	Acute		CCG			NHS Acute Provider	Minimum CCG Contribution	£836,199	Existing
8	Community Equipment	Community Based Equipment	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Medium	Community Health		CCG			Private Sector	Minimum CCG Contribution	£141,479	Existing
8	Community equipment	Assistive Technologies and Equipment	Assistive Technologies and Equipment	Community Based Equipment				Not applicable	Medium	Medium	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£534,916	Existing
9	Care act duties	Deferred payments	Care Act Implementation Related Duties	Other	Includes support for deferred			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£474,523	Existing
9	Care Act Duties	Carers	Care Act Implementation Related Duties	Other	Carers			Medium	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£291,184	Existing
10	Care at home	Home Care	Home Care or Domiciliary Care			Hours of Care	12,900.0	Medium	Medium	Medium	Not applicable	Social Care		LA			Private Sector	Minimum CCG Contribution	£188,732	Existing

11	Dementia	Memory café and community dementia workers	Community Based Schemes					Not applicable	Not applicable	Not applicable	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£239,668	Existing
12	7 day working	Care Planning, Assessment and Review	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	High	Not applicable	Not applicable	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£296,409	Existing
12	7 day working	Care Planning, Assessment and Review	Integrated Care Planning and Navigation	Care Planning, Assessment and Review				High	High	Not applicable	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£874,884	Existing
13	wider system support	Change management capacity	Enablers for Integration	Implementation & Change Mgt capacity				Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Private Sector	Minimum CCG Contribution	£561,447	Existing
14	DFG	DFG Related Schemes	DFG Related Schemes	Adaptations				Not applicable	Medium	Medium	Not applicable	Social Care		LA			Private Sector	DFG	£2,838,604	Existing
15	Meting adult Social Care needs	Prevention / Early Intervention	Prevention / Early Intervention					Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£2,297,439	Existing
16	Reducing pressures on the NHS, supporting	Community Based Schemes	Community Based Schemes					High	High	High	High	Social Care		LA			Local Authority	iBCF	£3,109,505	Existing
17	Ensuring the local social care market is supported.	Various	Other		Various - Info & advice, training, decision			Medium	Medium	Medium	Medium	Social Care		LA			Local Authority	iBCF	£1,634,978	Existing
12	7 day working	Single Point of Access	Integrated Care Planning and Navigation	Single Point of Access				Low	Not applicable	Not applicable	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£220,000	New
18	Alliance Hospital discharge team	Care Coordination	Integrated Care Planning and Navigation	Care Coordination				Not applicable	High	Low	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£200,000	New
1	Alliance Intermediate care at home	Reablement/Rehabilitation Services	Intermediate Care Services	Reablement/Rehabilitation Services				Not applicable	Medium	Medium	High	Community Health		CCG			Private Sector	Minimum CCG Contribution	£261,000	New
19	prevention	Falls prevention	Prevention / Early Intervention	Other	Falls prevention			High	Not applicable	Low	Not applicable	Community Health		CCG			Private Sector	Minimum CCG Contribution	£27,115	New

Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	Adaptations Other
Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
Integrated Care Planning and Navigation	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	Care Coordination Single Point of Access Care Planning, Assessment and Review Other
Intermediate Care Services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.	Bed Based - Step Up/Down Rapid / Crisis Response Reablement/Rehabilitation Services Other

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	Personal Health Budgets Integrated Personalised Commissioning Direct Payments Other
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	Social Prescribing Risk Stratification Choice Policy Other
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	Supported Living Learning Disability Extra Care Care Home Nursing Home Other
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

North East Lincolnshire

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

The widespread use of Estimated Date of Discharge (EDD) as part of the acute led implementation of the planned 2019/20 SAFER review concept will bolster early discharge planning processes. The established Integrated Multidisciplinary Discharge Team will focus on working with clinicians (potentially including input from Primary Care Networks) on establishing processes to better review long stay patients and to support the desired focus and common understanding of "medically optimised" as the criteria to reach for discharge. This supports the overall goal of continual refinement of D2A. D2A continues to evolve with the priority for 2019/20 to be capacity and capability in community services. The variation and relative scale of issues of capacity and demand leading to DTocS

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Established	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Established	
Chg 4	Home first / discharge to assess	Established	Established	
Chg 5	Seven-day service	Established	Established	
Chg 6	Trusted assessors	Established	Established	
Chg 7	Focus on choice	Established	Established	
Chg 8	Enhancing health in care homes	Established	Established	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

North East Lincolnshire

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	Demand management for non-elective admissions will be addressed through the combination of i) Acute led development of Same Day Emergency Care ii) Implementation of an Urgent Treatment Centre co-located with A&E and iii) improving the capacity and capability of the community urgent care response as part of Integrated Urgent Care including ambulance conveyance avoidance pathways. i) and ii) are expected to increase the overall proportion of zero length of stays whilst ii) and iii) are expected to reduce NEAs through the provision of a Primary Care led response to an increasing proportion of current A&E attendees.

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox: ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

	19/20 Plan	Overview Narrative
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	7.4	The hospital based Integrated Discharge Team is well established however further work is planned to develop acute led in-patient review processes to fully establish the early planning and identification of patients around clear criteria for discharging medically optimised patients. This includes further work on the acute led SAFER/Red2Green review which will improve the use of Estimated Dates of Discharge, stranded and super stranded patient reviews in line with national lost bed day reduction requirements and the collaborative approach required to implement a focus on medically optimised in line with Discharge to Assess (D2A). Community capacity and capability for step-down assessment, wrap around care at home and re-enablement requires further work to provide resilience to the variable demand and to ensure that

Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individual HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	681	760	The figures for individuals in permanent residential care are currently rising. There has been the usual steady trickle of individuals who were previously self-funding their care and those who had previously been NHS CHC funded. However the greater increase in numbers has been identified as being individuals who have been
	Numerator	220	248	
	Denominator	32,299	32,639	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	88.6%	88.6%	Last year's target was missed, but not by much. For this reason, we hope that retaining the same targets for the current year will be achievable. This would still enable us to perform within the best quartile nationally. We are hopeful that our reablement review will support us in continuing with our good practice and achieve this target,
	Numerator	93	93	
	Denominator	105	105	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

North East Lincolnshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	Has a plan, jointly developed and agreed between CCG(s) and LA, been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Do the governance arrangements described support collaboration and integrated care? Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?	Yes			
	PR2	A clear narrative for the integration of health and social care	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers: - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICCs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?	Yes			
	PR3	A strategic, joined up plan for DFG spending	Is there confirmation that use of DFG has been agreed with housing authorities? Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home. In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care? Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes? Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM? Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system? If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p>Has funding for the following from the CCG contribution been identified for the area?</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Yes			
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes			

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E09000004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.2%	8.4%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.2%	18.4%
E08000032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E08000032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E09000005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E09000006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E09000006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.4%	94.9%
E10000002	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%

E1000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E1000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E1000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E0800002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E0800002	Bury	00V	NHS Bury CCG	94.0%	94.3%
E0800002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E0800002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E0800002	Bury	14L	NHS Manchester CCG	0.6%	2.0%
E0800002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.8%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.3%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.6%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	83.9%	88.9%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.6%	4.8%
E09000007	Camden	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.2%	3.0%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.6%	95.0%
E06000056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.5%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E06000049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.3%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.2%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.8%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.6%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.2%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.4%	29.5%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.1%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.2%
E06000052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgfield CCG	97.0%	52.4%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.7%	46.3%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.5%	99.8%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E09000008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E09000008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	54.0%	36.6%
E10000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.4%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.1%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgfield CCG	1.2%	3.2%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.2%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.6%
E06000015	Derby	15M	NHS Derby and Derbyshire CCG	26.5%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.6%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.1%	0.5%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.1%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%

E1000008	Devon	15N	NHS Devon CCG	65.7%	99.2%
E1000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E1000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E1000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.5%	0.6%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.8%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E06000059	Dorset	11J	NHS Dorset CCG	46.0%	95.6%
E06000059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E06000059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E06000059	Dorset	99N	NHS Wiltshire CCG	0.7%	1.0%
E08000027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.3%	90.7%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.8%	0.3%
E09000009	Ealing	07P	NHS Brent CCG	1.8%	1.6%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.9%	90.4%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.5%	3.1%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.7%	3.5%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.3%	85.1%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.2%	7.9%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.6%	6.8%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.0%	1.2%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	07X	NHS Enfield CCG	95.2%	90.9%
E09000010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.2%	11.5%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E10000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.8%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%

E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%

E1000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E1000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%
E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfedale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%

E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E09000024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E09000024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.5%	8.3%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.3%	22.8%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%

E1000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E1000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E1000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E1000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E1000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E1000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E0800004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E0800004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E0800004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E0800004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E1000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E1000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E1000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E1000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E1000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E1000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E1000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E06000039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%

E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E09000028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E09000028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.4%	0.6%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E10000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%

E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E09000029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E08000008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E06000027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%
E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%

E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital.

Agenda Item 6

Report to: Union Board

Date of Meeting: September 2019

Subject: Strategic Plan

Presented by: Helen Kenyon

STATUS OF THE REPORT (auto check relevant box)

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure No Yes

<p>PURPOSE OF REPORT:</p>	<p>Attached is the latest version of the draft strategic plan for North East Lincolnshire.</p> <p>The plan identifies at a high level the CCGs response to the NHS 10 year plan and starts to link more closely the activities of the CCG and the council in support of the union development.</p> <p>Further work is to be added to the plan following discussion with Public Health in relation to the unions proposed approach to Population Health Management</p>
<p>Recommendations:</p>	<p>The Union Board are asked to review and comment on the draft document identifying any gaps or omissions that the Board would expect to see.</p>
<p>Committee Process and Assurance:</p>	<p>The Strategic plan has been developed in conjunction with the CCGs Operational leadership team, service leads and the Providers who attend the NEL Health and Care Executive.</p> <p>The draft document has been to the Union leadership team for discussion and the final draft will go back to the union leadership team prior to final submission for sign off by the Union Board</p>
<p>Implications:</p>	
<p>Risk Assurance Framework Implications:</p>	<p>The key risks associated with the long term plan are the potential financial impact of implementation, which has not yet been quantified, and the potential workforce implications which will need to be addressed as the plan develops</p>
<p>Legal Implications:</p>	<p>None</p>

North East Lincolnshire Strategic Plan 2019-2024

DRAFT

Executive Summary

This Strategic Plan sets out our vision for the future of health and social care in North East Lincolnshire for the next five years. It sets out how we will move towards delivery of the NHS Long Term Plan for the next ten years and what we will achieve in the interim.

The strategy and aspirations are underpinned by the innovative and successful partnership between the CCG and the Local Authority in the form of the Union, which builds on more than a decade of collaborative work.

The plan describes an ambitious programme of work which will move our services to focus on maintaining good health, preventing illness and enabling our local communities to care effectively for themselves. We will be reshaping our services to support this vision and ensure that we maximise the resources available to us for delivery of health and care services is the challenge we will meet boldly.

Services will be underpinned by the following:

Healthcare providers should provide a **comprehensive** service, from supporting prevention and self-care, through community provision, to specialist and tertiary care.

Providers of these services should take an **integrated approach**, so that local people have access to a seamless service

The result will be **higher-quality care**, with more lives saved and more people returned to full health

A further result will be a service that is **affordable** in the years to come

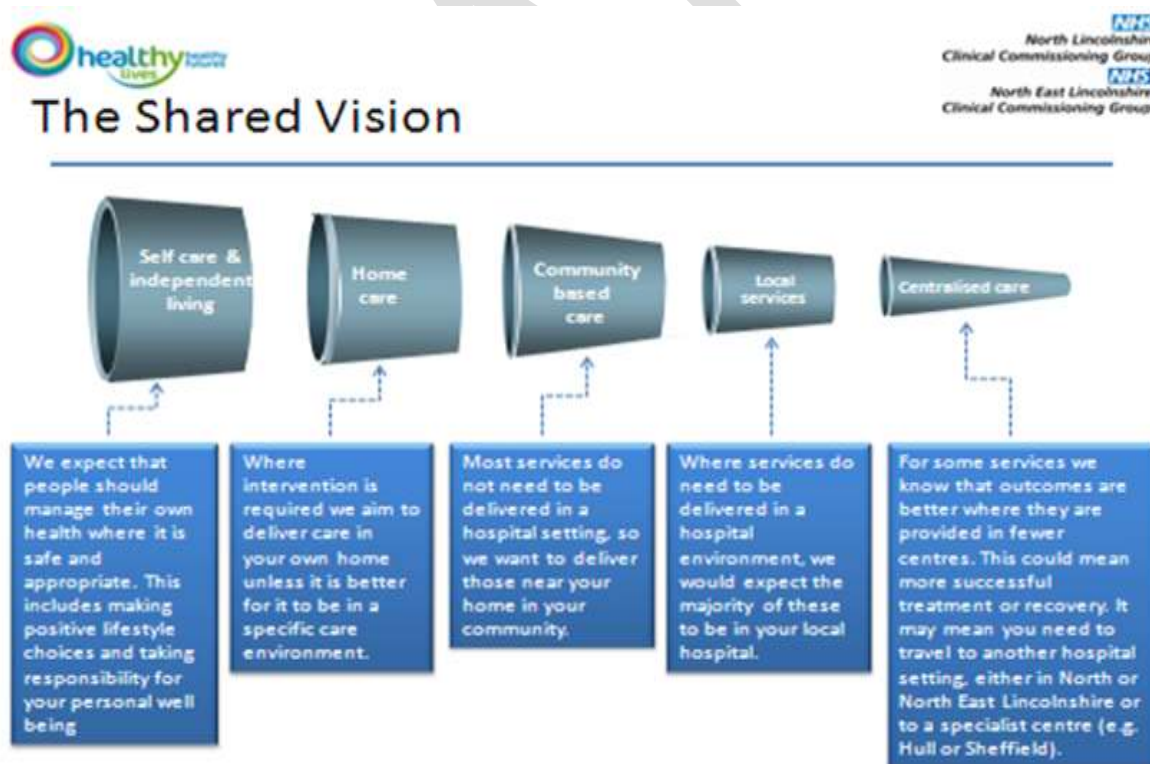
The principles which underpin the way we will commission services over the next 5 years are:

- Quality and safety must be the highest priority.
- There will be an increasing requirement for focus on prevention and self care/ independent living rather than reliance on services delivered by health and social care providers
- A small number of hospital services, particularly specialised services that need particular expertise, facilities or equipment, will be commissioned from centralised locations if necessary to improve outcomes, however we are committed to the majority of hospital services being delivered locally for local people
- We will deliver the right care, in the right place at the right time; for example reducing inappropriate admissions to inpatient beds in hospitals and care homes through better management of care in the community

- We will break down organisational barriers where needs are complex and patient care crosses numerous boundaries, to improve co-ordination and reduce fragmentation of care
- Service providers must work within the financial constraints of our health and social care community
- We will make best use of digital technology wherever we can, to enable our clinicians to have the best possible level of information available to them to make clinical decisions, to enable better access to information for patients and to reduce the amount of travel for patients and clinicians wherever we can

The services we will commission will reflect our continuing vision of transformational change as set out in the diagram below, shifting services to the left.

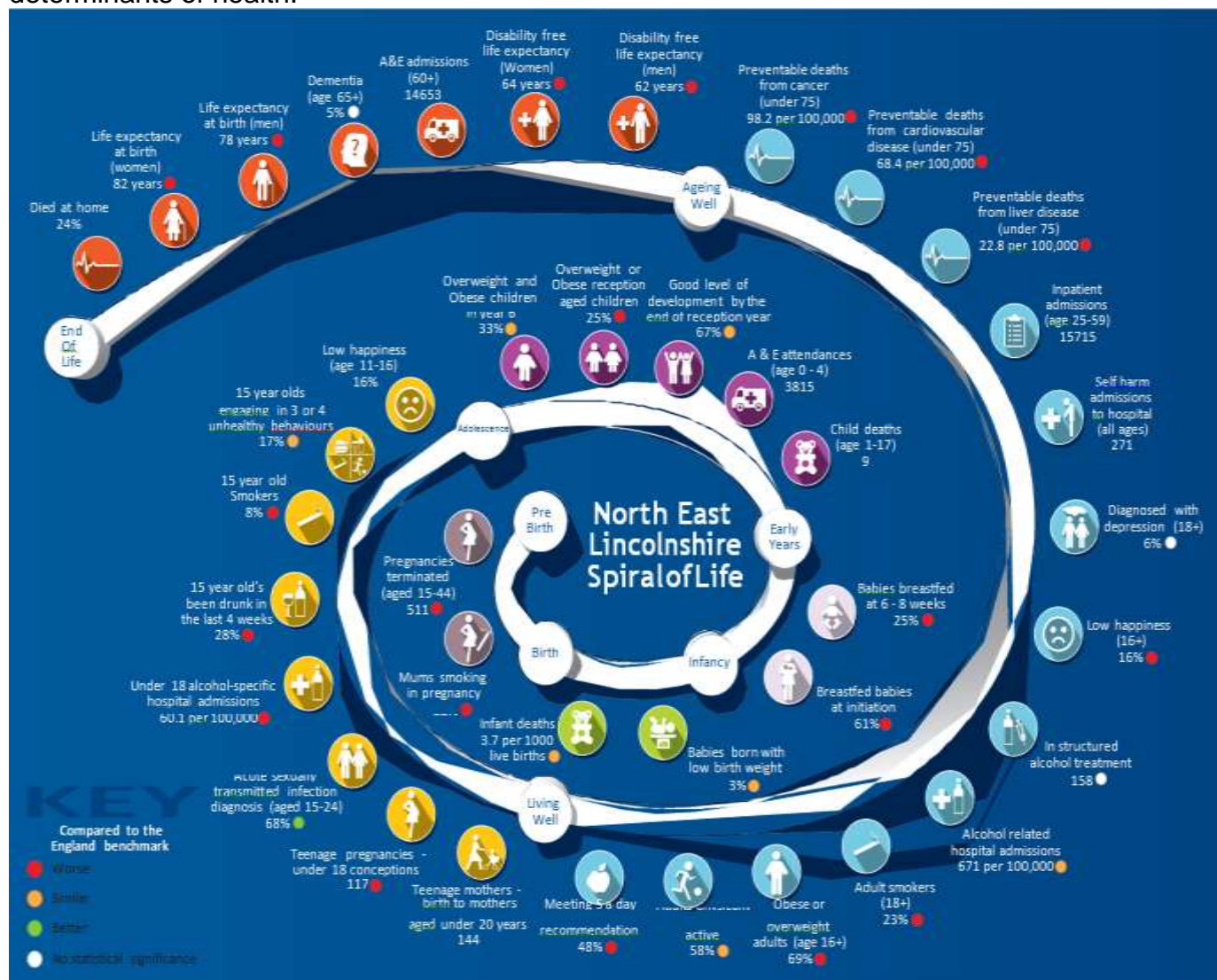
Insert page from CCG 5 year strategy on the shift to the left (minus HLHF and logos)



Background and context

North East Lincolnshire has a number of geographical areas where there are high levels of deprivation and other factors which combine to provide a challenging picture of population health

The figure below illustrates some of the comparisons with national figures in terms of determinants of health:



Source: www.nelc.gov.uk

Partnership and person-centred care are strong themes throughout this Plan. Government policy continues to move to an ever more integrated model of funding for health and social care. We welcome this as it offers increased potential for people to have real influence over how their health and care needs are met. We will work collaboratively to encourage and enable an ethos of co-production, so we can explore the opportunities offered by new technology such as telehealth and telecare. We are determined to deliver the best possible choice, quality and consistency in health and social care whilst driving down costs and offering real value for money. We will continue to lead the way in the development, adoption and diffusion of innovative approaches in the way we work – to enable the people we serve in North East Lincolnshire to have real and increasing choice and control.

Integral to the delivery of this vision will be:

- the pioneering and developing partnership between the CCG and the Local Authority to create the union which will become the strategic commissioner for place
- the development of the joint working between all local providers who have established collaborations to create optimal benefit to service users and the system
- the developing partnership for at scale and more specialist provision through integrated working between NL&G and Hull and East Yorkshire hospitals

Developing these 3 strands with the full engagement of key local providers and commissioners will deliver a shared future which makes the best use of the public sector pound, creating a new reality for our local area via the transformation of what we do now.

We are seeking to achieve a stronger economy and stronger communities and to build North East Lincolnshire as an attractive place to live, work, visit and invest whilst tackling the inequalities and the wellbeing deficit prevalent in a number of communities in the borough.

The diagram below gives the high level outline of our vision across North East Lincolnshire and the programme areas we will address to help us achieve this.



North East Lincolnshire CCG has been working together with North East Lincolnshire Council for the last two years in order to build on our long and successful history of partnership working and collaborative commissioning

This Union partnership is intended to bring a joined up approach to improving the lives of people in the Borough.

Our Vision for health and care in North East Lincolnshire

Our Vision and aim is that ‘all people in North East Lincolnshire enjoy good health and wellbeing’:

- We want people to be informed, capable of living independent lives, self-supporting and resilient in maintaining/improving their own health. By feeling valued throughout their lives feel, people will be in control of their own wellbeing, have opportunities to be fulfilled and are able to actively engage in life in an environment that promotes health and protects people from avoidable harm
- Access will be made available to safe quality services that prevent ill health, support, maintain and restore people back to optimal health or support them with dignity at end of life as close to home as safety allows: Services that are part of an affordable innovative and quality health and social care system which directs resources according to need

We currently have some areas of strength and some of weakness in 2019 and we will focus our efforts in the short to medium term to build on the strengths and address the weaknesses



Local environment

Our local population demographic presents us with a range of challenges in turning the curve on health and wellbeing – from encouraging and enabling people to alter their lifestyles to improve health to providing the right types of care and services to support them during ill health.

Insert graphic re “100 people in NEL” from Adult strategy

Prevention

Working closely with colleagues in Public Health, we are engaging with communities in the Borough to address some of these challenges and utilising relationships with local voluntary and community sector organisations to encourage individual and community resilience.

This approach to population health management will enable us to incrementally increase the quality and length of life for our residents.

We recognise that preventing ill health and promoting healthy lifestyles and wellbeing is the best way manage population health for our citizens and this aligns perfectly with the aim of the NHS Long Term Plan

One of the key initiatives in terms of prevention and addressing health inequalities is our Social Prescribing programme (commissioned to a local VCS organisation) which is supported through a Social Impact Bond arrangement with Bridges Fund Management and grant intervention from the Big Lottery Fund. We anticipate that this will improve the quality of life for Long Term conditions sufferers and reduce hospital admissions and primary care attendances.

Optimising partnership working

Because of North East Lincolnshire’s geographical location, it has a strong history of both innovation and collaboration. It has had to work collaboratively within NEL, but also with partners to the South, West and North to ensure that its population can access the services required, and because of NEL’s demographic make-up it has been forced to think innovatively in order to address issues and ensure its residents can continue to access services locally.

North East Lincolnshire (NEL) has been on a journey for a number of years and is able to demonstrate that through working in collaboration and partnership with others we are better placed to tackle the issues we face. There have been some notable successes:

- *children’s services being rated as good in the recent Ofsted inspection*
- *Our integrated mental health services were rated good overall and received an outstanding in relation to caring*

- *Our integrated intermediate care service received an outstanding rating for the second consecutive time*
- *High customer satisfaction, staff engagement and positive outcomes strongly evidenced by our community services*
- *There are strong and active relationships between all key stakeholders across the borough*
- activity concerning local regeneration which will have a positive impact on a wider footprint including the Greater Grimsby Town Deal and Freeman Street regeneration plans

However, there are a number of challenges for us to overcome:

- There are significant challenges for some organisations with recruiting sufficient clinical and other professional staff to the area, including Consultant, GP, Nursing, Therapy, Social Work, and Care staff
- Performance against some of the key National Indicators, in particular referral to treatment times, and cancer whilst improved is still significantly below where they should be and gives rise to a concern about the overall quality and safety of services being delivered in some specialties locally
- Our local hospital trust (NLaG) has significant financial and quality challenges which still need to see a significant shift to improve them. This requires both internal organisational change and service transformation across the system, both locally and at a Humber wide level. Whilst good work has been undertaken and improvements evidenced there is still a long way to go
- NLaG has significant challenges in relation to estate and critical infrastructure which can be a significant barrier to improved patient care. This will be greatly helped by capital monies secured at STP level which includes new large scale equipment and capital works to make for an improved environment within the hospital
- There is a substantial action plan developed to improve services, systems, processes and the financial position within NLaG. Whilst this is positive, it will take time and resources to fully implement and more significant change is needed to achieve this



Design team to update diagram to talk about 5 PCNS

Progress has been made, but we recognise there is still more to do and that this will take time.

The development of the ICP, new forms of integrated delivery via the Alliance, new ways of working involving GPs (which all reflect key aspects of the new ten year NHS Long term Plan) and integrated working between NL&G and Hull and East Yorkshire Hospitals are the key facets of how we are addressing the challenges we face.

Plan on a Page (whole page graphically designed)

The figure below sets out the approach to our work over the next two years in a nutshell which is designed to lay the foundations for achievement of our aspirations in each of the areas of care over the next five years.

Strategic Developments	System Resource	Overarching Health and Care Priorities
Joint Commissioning: Develop a single approach to acute commissioning across the 4 Humber CCGs	Workforce: Develop innovative system wide roles and a place based recruitment pack that promotes place Develop governance that allows staff to work across providers safely	Cancer: Improvement in 104 & 62 day cancer treatment times Access to diagnostics
Union: Shared leadership structure in place Delivery against the workplan	Digital technology and ICT: Integration of systems to enable better care co-ordination ERS and Advice and guidance	Mental health: Increasing access and recovery community based IAPT services including LTC service Out of area specialist rehab reduction
Acute Services: Undertake work required to support the Humber Acute services review Specific service changes are detailed within the Strategic Health and Care priorities	Capital and estates: Refurbishments to support integrated working and critical care capacity	Urgent and emergency care including winter: Integrated urgent care – UTC implementation, urgent community care & 111 / CAS Revised medical model at Grimsby & ambulatory frailty Trusted assessor & discharge to assess
Integrated Care Partnership: Undertake work required to support the Humber Acute services review Specific service changes are detailed within the Strategic Health and Care priorities	Finance: Financial balance / delivery against control totals	Elective care including long term condition management: Daycase to outpatient procedures; no 52 week+ waiters; & reduction to long waiters - max 40wks
Primary Care Networks: Delivering the vision and implementing the strategy for Primary Care and development of workforce strategies	Population health management and analytics over time: Dementia, frailty, vulnerability, LTCs with a focus on diabetes & cardiology	Primary care Development of Primary Care Networks including the alignment of community teams (community nursing, mental health etc) to create community MDTs
Quality: Establish the leadership systems and processes for oversight of quality and identify early deterioration in quality and enable rapid corrective action	Leadership & Improvement development: Revised governance arrangements for the NLaG contract Revised leadership and governance for place Develop leadership across place	Maternity / Women and children Progress towards Better Births SEND action plan requirements
	Medicines Optimisation: Focused work on utilising medicines to optimal effect and getting best values for money from available drugs	Prevention: Supported by digital solutions, self care, social prescribing, smoking cessation
		Adult Social Care: Actions arising from the Adult Social Care Review

Where we want to be in five years' time

Building on work already undertaken under the five year forward view we have set out below the progress we are seeking to make in the short to medium term to take us to the half way point in achieving the aspirations set out in the NHS Long term Plan

Areas of care – describing current and future position - Will be rendered by the graphic design team

Primary Care

Where are we now

- Five primary care networks established and recruitment plans for additional Clinical Pharmacist and Social Prescribing Link Worker roles being finalised
- Workforce strategies being developed within PCNs
- Improved (extended) access services already in operation and transitioned to delivery through PCN model
- Chronic and complex long term conditions service already in operation and transitioned to delivery through PCN model
- Online consultation being offered within 13 practices, covering 59% of the population

Next 2 years

- Community urgent care model operational, led by PCNs
- Integration between PCNs and community nursing services, health visiting services and community mental health services
- Preventative and proactive care services operational (in line with national specifications):

- Structured Medications Review and Optimisation (in full from 2020/21);
- Enhanced Health in Care Homes (in full from 2020/21);
- Anticipatory Care requirements for high need patients typically experiencing several long term conditions, joint with community services (commences in 2020/21 and develops);
- Personalised Care, to implement the NHS Comprehensive Model (commences in 2020/21 and develops);
- Supporting Early Cancer Diagnosis (commences in 2020/21 and develops);
- Access to general practice services improved through online and video consultation, with 100% of the population covered
- Improved (extended) access services revised to reflect requirements of national access review
- PCNs planning services around population need, through improved understanding of population health needs as a result of population health management approach being in place

Aims for 5 years' time

- Full digital first offer for all patients for access to general practice services
- Integration of broader range of community services around PCN population, providing full range of preventative and proactive care services (in line with national specifications):
 - CVD Prevention and Diagnosis (commences in 2021/22); and
 - Tackling Neighbourhood Inequalities (commences in 2021/22).
- PCNs offering targeted support to individuals to address inequalities

Elective Care and Long Term Conditions

Where are now

Diagnosing people with COPD using appropriate test (spirometry) once identified
 Preventing pneumonia admissions (opportunity to reduce winter admissions for pneumonia)

Managing patients to prevent non-elective admissions (for respiratory)

Pulmonary rehab uptake and completion

Atrial Fibrillation: Good prevalence rate (compared to STP & comparable CCGs)

Good anticoagulation for AF patients (practice variation)

For achieving the recommended diabetes treatment targets we were rated as outstanding on the CCG IAF Framework

Our Areas of Focus next two years:

- Early identification of patients with respiratory and CVD conditions
- Reducing health inequalities
- Treating tobacco dependency (along with Public Health and other partners)
- Reduce wait times for planned care

In five years time

Through the PCNs we will offer support to those with one or more Long Term, Conditions in managing their condition(s) to reduce intervention and harm including using digital support solution. This will be supported by the national service specifications that are being developed for PCNs.

We'll develop approaches to ensure patients are identified and diagnosed earlier. There will be a particular focus on Respiratory and CVD.

Services will be seamless and joined up service for patients.

For those requiring episodic care we will continue to work with the Hospital Trust to ensure they meet the access targets and reduce waiting times as set out in the NHS Constitution

Mental Health & Disabilities

Where are we now

- Early Intervention in Psychosis (EIP) offers access to NICE compliant therapies within 2 weeks for people aged 14-35
- Ensure 22% of people with common mental health issues access evidence based therapies through IAPT
- Delivery of walk-in crisis support through a 'diversion from A&E' model of care
- Pressures on acute older people Mh wards necessitate some people use beds out of area
- Low level of recorded physical health checks for people with SMI or LD

Next 2 years

- Early Intervention in Psychosis (EIP) offers access to NICE compliant therapies within 2 weeks for people aged 14-65 and people with At Risk Mental State (ARMS)
- Ensure 25% of people with common mental health issues access evidence based therapies through IAPT including within Primary Care Settings
- Delivery of walk-in crisis support through a 'diversion from A&E' model of care with improved Home Treatment options for targeted groups
- Acute unit for older people mental health optimised for complex acute issues, community pathways developing to support increasing complexity in community/care home settings
- Improved number of recorded physical health checks for people with SMI, LD, or Autism delivered through PCNs

Aims for 5 years' time

- Delivery of a Mental Health Team that offers a full range of Mental Health services for 12-25 year olds, linking in an integrated way with CYPMH services and Adult MH Services
- Ensure IAPT services have sufficient skilled capacity to meet the needs of at least 25% people with common mental health issues across a mix of locations across NEL in line with national planning.
- Delivery of walk-in crisis support through a 'diversion from A&E' model of care with a range of Home Treatment options across all age ranges
- Older People's MH pathway operating in an integrated manner, providing support and flexibility across the system
- Mental Health teams operating in an integrated manner with Primary Care Networks

Women's, Children's and families

Where are we now:

We have a shared commitment to commission high quality local services so that our children have the best start in life; from pre-conception onwards and that they thrive to become happy, healthy, and resilient individuals.

We want our families to be able to access information; advice and support if and when, they need it. We want to intervene as early as possible to ensure our families get the right help in the right place at the right time.

We recognise that we have much to do. For example; our levels of breastfeeding and smoking during pregnancy are one of the worst in the country; childhood obesity is high and our recent Special Educational Needs and Disabilities (SEND) inspection highlighted significant areas of weakness that required improvement across Education, Health and Social Care.

Work is underway to address our areas of improvement such as developing a voucher scheme in midwifery for e-cigarettes as an alternative to smoking in pregnancy and re-designing the access pathway to ensure that it is NICE compliant and reflects local needs.

Next 2 years:

- Continue to progress the recommendations of Better Births and ensure key public health areas such as reducing smoking rates in pregnancy and breastfeeding are prioritised
- Roll out emotional health and wellbeing support throughout schools and colleges
- Improve community pathways for children and young people with long-term conditions including asthma, epilepsy and diabetes
- Work with partners in education, health and social care to develop the local offer for children, young people and their families with special educational needs and disabilities (SEND), including access to therapies and the Child Development Centre (CDC)
- Work with partners in education, health and social care to embed the re-designed access pathway to ensure that children get timely access to support and where appropriate do not face unacceptable waits for assessment and diagnosis

- Ensure community services such as midwifery, health visiting, school nursing and community paediatrics are appropriately aligned to Primary Care Networks
- Develop and enhance specialist perinatal mental health pathways locally and across the STP

Aims for 5 years' time:

- By 2021, most women will receive continuity of carer during pregnancy, birth and postnatal
- Furthermore, there will be an enhanced and targeted continuity of carer model for the most vulnerable by 2024
- By 2023/24 all women will have access to their maternity notes and information through their smart phones or other devices
- By 2030 across the partnership we will reduce childhood obesity and ensure that the gap between our most and least deprived areas is significantly reduced
- To ensure that our system is sustainable in the longer term, offering choice, personalised and safe care we will work with partners across the Humber region to review the long term model of acute hospital provision for maternity and paediatric services

Children's Mental Health

Current Position:

- Announcement of successful site for NEL to deliver two Mental Health Support Teams to support children and young people within educational settings
- Currently developing a comprehensive whole school approach for educational settings
- Work alongside Providers to increase the flow of data to the MHSDS to achieve the 34% national access target
- Work alongside LPFT to maintain the position of achieving the 8 week waiting time for routine appointments into Young Minds Matter (including CAMHs)
- Developed a series of workshops to improve the knowledge and skills of staff and parents across the borough
- Reviewing the first year of the children and adolescent mental health and emotional wellbeing service to inform future service developments
- Access pathway is currently being reviewed to align with local need

Near Future

- Mental Health Support Teams to be fully operational by December 2020 and providing a menu of support for children, young people and families
- Working towards the increased access target for children's mental health services and work with the Provider to plan towards this
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained
- Create a single digital platform for all IAG, self-care and support to support CYP, parents/carers and professionals

- Develop training offer for educational professionals/professionals working with CYP
- Have a redesigned Access Pathway to meet the needs of children, young people and their families
- Audit staff workforce to ensure they have the right level of competencies

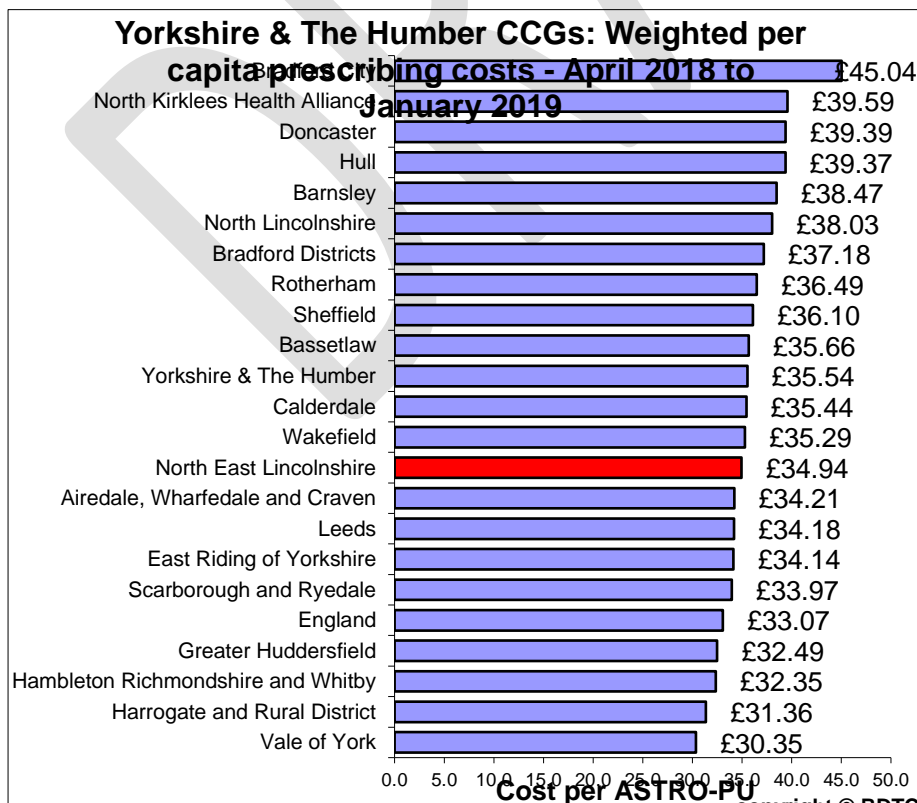
Aim by 2024

- Funding sustained for the Mental Health Support Teams following confirmation from NHS England
- The whole school approach will be embedded across educational settings
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults
- NEL will support the national commitment of 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams
- Children/young people mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people’s services, and health and justice.

Medicines Optimisation/ Pharmacy

Where we are now

North East Lincolnshire continues to fare favourably in terms of prescribing costs amongst other local CCGs. Going forward we will continue to ensure that prescribing in primary care is safe and of high quality.



2 year plan key points

- Focus on areas we know we need to improve on e.g. reducing inappropriate opioid prescribing.
- High Cost Drugs –implement the Blueteq® system to track clinical and financial information for high cost drugs.
- Undertake medication reviews in care homes.
- Manage shorter-term pressures e.g. potential medicines shortages and Category M price increases.
- Improve joined-up care for patients by increasing shared care between Primary & Secondary/Tertiary Care.
- Reduce medicines and prescription product wastage across the area
- Increase collaborative work with pharmacy teams in other organisations e.g. practices, networks, pharmacies, other CCGs and Trusts

5 year plan key points

- Develop and implement a Northern Lincolnshire pharmacy workforce strategy to ensure a consistent workforce to help us achieve our goals.
- Continue to work with other local organisations e.g. Primary Care Networks, practices and pharmacies.
- Work innovatively to ensure efficiency in the primary care budget and to manage the predicted spending growth, year on year.

Urgent and Emergency Care

Where are we now?

National focus and national/local service developments in the last year:-

Ambulance Services

- Introduction of new ambulance response time targets (ARP)
- Lord Carter review including refresh of zero tolerance of Ambulance Handover delays
- Significant challenges on rising activity, finance and staffing
- contract uplift agreements linked to performance improvement

Emergency and non-elective hospital care

- Rising Activity and performance challenge
- Beginning to deliver Same day Emergency Care
- Introduction of Ambulatory Care
- UTC implementation in progress
- Long length of stay (Superstranded) patients to reduce bed occupancy
- HASR

Community Urgent Care

- Development of the Alliance framework

- Integrated Urgent Care

Vision for next 2 years

- We will reduce pressure on emergency and non-elective in-patient services through the development of Integrated Care Partnerships, Primary Care Networks (PCNs), Integrated Urgent Care (IUC) and the continued use of evidence based approaches.
- We will reduce demand and levels of bed occupancy in intermediate and secondary care by improvements on Primary Prevention, Integrated Urgent Care in the community with a focus on alignment of community urgent care services with emerging Primary Care Networks and conveyance avoidance pathways.
- The expanded community health teams built around the PCNs will provide fast (within 2 hours of referral) support to people in their own homes as an alternative to hospitalisation, and will ramp up NHS support for people living in care homes- the latter judged to be a source of emergency admissions where some 35%-40% are avoidable and amenable to enhanced community support.
- A third of acute admissions typically discharged on the day of attendance will rise to a third in 2019/2020 under “same day emergency care”
- We will improve Discharge and onward care for patients through “discharge to assess”, enabling medically optimised patients to be discharged in 24 hours and providing care through “Home First” virtual ward, IC@Home, and integrated re-enablement services through the community teams aligned to PCNs

In the next five years

- PCNs will lead the development of an increase in the capacity and responsiveness of community and intermediate care services delivered by community teams designed to meet registered population needs.
- All parts of the urgent/emergency pathway are reviewed with the continued aim of boosting out of hospital urgent care services, reforming hospital emergency care and reducing delays in patients being able to go home.
- The Humber Acute Services Review (HASR) will further contribute to the delivery of safe, sustainable hospital services, with improved quality, safety and clinical outcomes.

Adult Social Care

A significant piece of work – the Adult Review – has taken place over the last year to establish the current position and future aspirations for adult care in NEL. The full Adult Strategy is available at [\(insert link\)](#), however the main messages are:

Where we are now

- Our systems and services are not working well enough together, or joining up around the person
- We are duplicating assessments, and people are having to give their information more than once
- People find the care and support system confusing and too difficult to get the help they need.

Insert “Local Approach to adult support” diagram p8 Adult strategy

Enablers – IT, Estates, Workforce etc

In order to make any of these changes effectively and sustainably we need to make sure we will have the right locations from which to deliver care, the right staff with the appropriate skill level and that we take full advantage of the technology available to us to help us work in a streamlined way

IT

Over the next five years we will continue to consolidate and make best use of the properties available to us from which we deliver care and from which we could deliver care differently, for example hospital consultants being able to run clinics in GP practices.

We must also be mindful of making the best use of our clinical staff’s skills and training and creating opportunities for local people to take up jobs and careers locally in our health and care system.

We know we have current challenges in relation to recruiting and retaining sufficient skilled staff and this challenge may well increase as a proportion of our workforce retires in the near future. We must ensure that we are creating a pipeline for local talent and thinking creatively about the roles we want to establish which will enable us to deliver effective care in different ways.

Conclusion

This strategic plan sets out bold and challenging ambitions for health and social care in North East Lincolnshire for the next five years. The challenges facing North East Lincolnshire as a local health and social care economy reflect the national context and picture of responding to the needs of a population with increasing demands, within a static resource envelope. Our transformational change programmes, operating locally and in conjunction with the Humber Acute Services Review undertaken in partnership with commissioning colleagues and local providers forms the foundation for our strategic vision and delivery of a radical reshaping of care

towards preventing ill health and enabling our citizens to care for themselves appropriately and effectively when they do become unwell.

Self care and independent living is becoming more widely recognised as the aspiration and the necessity for the coming years and our efforts must turn to making this a reality. Working collaboratively, making use of all available resources and opportunities, we will realise safe, high quality services which are financially sustainable and fit for the future.

DRAFT

Agenda Item 9

Report to: (Governing Body/Committee): Union Board

Date of Meeting: 10/09/19

Subject: Adult Social Care Performance Report – Quarter One 2019/20

STATUS OF THE REPORT (auto check relevant box)

For Information

For Discussion

For Approval / Ratification

<p>PURPOSE OF REPORT:</p>	<p>This report presents the first quarter adult social care performance report of 2019/20, which provides the Union Board sight of a collection of performance measures as required by national government. The performance report should also provide board members with assurance about the delivery, quality and safety of <i>adult social services</i> and the statutory duties under the Care Act 2012. The shared ambition defined by the adult strategy is to ensure that all adults can live safely and independently within the borough. Performance reporting is to be further developed in consultation with elected members to ensure that it reflects the most important issues and can demonstrate delivery against the wider scope of the adult strategy.</p>
<p>Recommendations:</p>	<p>Union Board notes the content of the report and issues arising, and refers to the health and adult social care scrutiny panel for its consideration</p>
<p>Committee Process and Assurance:</p>	<p>Union Leadership Union Board Health Scrutiny</p>

Implications:		
Risk Assurance Framework Implications:	The council spends over a third of its net budget on the delivery of adult social care functions. By working with the CCG under the section 75 agreement the opportunity is to ensure that services users can receive more co-ordinated, better quality health and social care services therefore making better use of the available resources. As we continues to develop our focus on outcomes, the adult services performance indicators will be reviewed to ensure that the focus is on supporting individuals to help themselves, reduce social isolation and use community resources wherever practicable. This will help to ensure that those with more complex needs will continue to be able to access support as public sector resources continue to diminish.	
Legal Implications:	The report, being a quarterly update only, raises no specific legal implications save to confirm that in receiving such updates the Union Board can demonstrate compliance with reporting obligations articulated above	
Data Protection Impact Assessment implications (DPIA):	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	No
	If yes to the above – have the DPIA screening questions been completed?	No
	Does this project involve the processing of personally identifiable or other high risk data?	No
	If yes to the above has a DPIA been completed and approved?	Choose an item.
Equality Impact Assessment implications:	<p>An Equality Impact Analysis/Assessment is not required for this report <input checked="" type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising <input type="checkbox"/> from the analysis/assessment</p> <p>An Equality Impact Analysis/Assessment has been completed and there are actions arising <input type="checkbox"/> from the analysis/assessment and these are included in section ____ of the enclosed report</p>	
Finance Implications:	The report is advising and updating on progress and performance within the CCG on the delivery of the adult social care services and hence there are no additional direct financial implications arising from the report itself. That said the report does provide important information on trends and service characteristics and pressures which may lead to resourcing decisions in the future.	

Issues

- 1) No change to the majority of indicators, which are delivering as planned.
- 2) (DAC 3040) The total number of people placed in permanent residential and nursing care homes aged 65 and over is slightly higher than the expected monthly performance and higher than the previous year to date.
- 3) (DAC3070) The number of days delay associated with hospital discharge is higher than expected and higher than the previous year to date. Work is continuing to be done with providers to address capacity to pick up care at home packages and rehabilitation services which are linked to some of the delays. Winter pressures funding has now come to an end.
- 4) (DAC 3120) Proportion of people over 65 still at home 91 days after discharge is slightly lower than expected, some clarity is being sought around this data and which clients should be included.
- 5) (DAC 3020) Outcome of short term services this is lower than expected for the month but shows an improvement from last year's year to date position. A review of rehabilitation services has started to look at how we can improve them and lessen the impact on other services. Some of the patients in this cohort are complex and need greater levels of support and intervention.

Overall this suggests that our hospital discharge processes are not working effectively and that there is a need to substantially improve our focus on rehabilitation and re-ablement.

In terms of the hospital discharge issues, an analysis of the most recent month's data is taking place to establish the causal factors so that an improvement plan can be implemented.

A longer term piece of work has been commissioned already in relation to re-ablement. The adoption of a revised housing assistance policy, which will speed up access to equipment and adaptations as well as other minor works will help to ensure that more people can be supported to live at home as part of the overall approach to independence and re-ablement.

Adult Social Care Dashboard

Designed and Maintained by the Commissioning Intelligence Team, Corporate Governance, North East Lincolnshire Clinical Commissioning



Section	Covalent Code	Metric	Latest Month Target	Latest Month	Latest Month Cohort Size	Latest Month Statistic	Current Year-to-Date	Previous Year-to-Date	STATUS	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	
Enhancing Quality of Life	DAC4000	Proportion of adults aged over 18 receiving a long term community service who receive self-directed support*	90.0%	July 2019	1,351	92.0%	92.0%	96.1%	✓							
	DAC4010	Proportion of Carers who receive self-directed support*	75.0%	July 2019	253	97.3%	97.3%	94.1%	✓							
	DAC4020	Proportion of adults aged over 18 using social care receiving direct payments*	-	July 2019	272	18.5%	18.5%	19.1%	N/A							
	DAC4030	Proportion of carers receiving direct payments*	-	July 2019	44	16.9%	16.9%	22.0%	N/A							
	DAC4040	Proportion of adults with learning disabilities who live in their own home or with their family*	79.7%	July 2019	370	85.3%	85.3%	78.8%	✓							
	DAC4070	Proportion of Adults with Learning Disabilities in Paid Employment*	5.0%	July 2019	46	10.6%	10.6%	11.7%	✓							
Delaying & Reducing the Need for Care & Support	DAC3030(A)	The total number of people placed in permanent residential and nursing care homes aged 18-64* (ASCOF 2A)	1.1	July 2019	0	0.0	2.0	3.0	✓							
	DAC3040(A)	The total number of people placed in permanent residential and nursing care homes aged 65 and over* (ASCOF 2A)	18.3	July 2019	23	23.0	90.0	73.0	●							
	Comments:		Performance is slightly above the expected monthly performance.													
	DAC3070(A)	The total number of days delayed associated with people whose discharge from hospital has been delayed	221.4	June 2019	332.0	332.0	800.0	637.0	●							
	Comments:															
	DAC3120	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services*	89.5%	June 2019	25	80.6%	86.9%	91.2%	●							
	Comments:		Some confusion has arisen with the capturing of this data, where it was not clear which clients should be included in the indicator. Work is being completed to ensure the issues are fixed. (Reported by CPG)													
DAC3020	Outcome of short-term services: sequel to service	76.8%	July 2019	7	50.0%	57.4%	35.1%	●								
DAC3010	Proportion of adults aged over 18 receiving a long term service who have received a review	85.0%	July 2019	1,353	90.9%	90.9%	82.6%	✓								

The Adult Social Care Outcomes Framework and a full definition of the measures can be found at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416897/ASCOF.pdf

UNION BOARD

Agenda Item 10

Date of Meeting: 10th September 2019

Subject: Health Check recommissioning

Presented by:

STATUS OF THE REPORT (*auto check relevant box*)

For Information

For Discussion

Report Exempt from Public Disclosure No Yes

EXECUTIVE SUMMARY:

The NHS health check programme is a statutory responsibility of all local authority public health departments. The programme aims to improve the health and wellbeing of adults in England aged 40-74, by identifying early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia. As adults age, they are at greater risk of developing one or more of these conditions and the NHS health check helps to identify ways to lower this risk. Legal duties exist for LAs to make arrangements:

- for each eligible individual aged 40-74 to be offered an NHS Health Check once in every 5 years and for each individual to be recalled every 5 years if they remain eligible
- for the risk assessment to include specific tests and measurements to ensure the individual having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them
- for specific information and data to be recorded and, where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP

Currently the health check programme is delivered through the GP surgeries, which is due to end in September 2019. This report is seeking permission to re-procure the Health Check Service, which will be for 3 years at a maximum annual cost of £50,000.

Recommendations:	<ol style="list-style-type: none"> 1. Approve the direct award of the NHS Health Check Programme delivery to GP Practices in NE Lincs. 2. Delegate responsibility to the Director of Health and Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing to award the new contract for the NHS Health Check Program 3. Authorise the Chief Legal and Monitoring Officer to complete all legal documentation in connection with the award.
Implications:	
Risks and Opportunities:	<p>Budget issues – There could be a potential overspend if we were to complete 55% or above of our local target. However in 2018/19 only 30% of the target was reached and although we intent to increase our rate we don't anticipate this being an issue.</p> <p>The impact on the social, economic and environmental well-being of the Borough – The recommendation will have a positive impact on the health and well-being of residents within North East Lincolnshire. Although local authorities are required through the regulations to make an offer to all eligible persons, PHE supports a proportionate universalism approach. This means that local authorities are free to target a greater extent of their resource towards higher risk and vulnerable communities, while keeping a universal offer to all eligible persons.</p>
Finance Implications:	<p>The proposals outlined within the report supports the Council's key financial objective to shift financial resource to support delivery of the Council's vision. The proposals will be financed through existing revenue budgets and require no capital expenditure. There will be no net effect on Council reserves over the life of the projects. The proposals will contribute to improved value for money within both services.</p> <p>The yearly budget for the Health Check Programme is £50,000 and payment is only made for completed checks. For each individual completed NHS Health Check the GP Practices will receive £15.00.</p> <p>In 2019-20 the ring fence for the public health grant will be removed and local authorities will be allowed to retain 100% of their business rates. At this point the funding of the contract will become part of routine council funding. However, the health check service remains a statutory function of the local authority.</p>
Legal Implications:	<p>Legal duties exist for local authorities to make the following arrangements:</p> <ul style="list-style-type: none"> • 100% of eligible people aged 40-74 to be offered an NHS Health Check once every five years and for each individual to be recalled every five years if they remain eligible • The risk assessment to include specific tests and measurements • Ensure the individual having their NHS Health Check is told their cardiovascular risk score, and other results are communicated to them • Specific information and data to be recorded and where the risk assessment is conducted outside the individual's GP practice, for that information to be forwarded to the individual's GP
Quality Implications:	

Engagement Implications:	A public consultation has been completed and the responses have been collated, considered and addressed. Workshops have also been carried out with Primary Care, CCG, Pharmacy, NELC and Accord representatives to discuss the recommissioning process.
Conflicts of Interest	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Supporting papers	<p>BACKGROUND</p> <p>There are three components to the NHS Health Check: risk assessment, risk awareness and risk management. The risk management component includes standardised tests to measure key risk factors and to establish the individual's risk to developing Cardiovascular Disease The outcome of this assessment should then be used to raise awareness of cardiovascular risk factors, as well as to inform discussion on, and agreement of, the lifestyle (and medical) approaches best suited to managing the individual's health risk.</p> <p>Ensuring that health outcomes are achieved depends upon the local authority working closely together with their key partners particularly GP Practices.</p> <p>Delivering a successful NHS Health Check programme and lifestyle interventions which connect with primary health services will influence and improve some of the Public Health Outcomes Framework (PHOF) Indicators covering a number of wider determinants of health. Health checks should also help to address health inequalities, as provides a means for identifying people at risk of poor health.</p> <p>Local authorities are also required to continuously improve the percentage of eligible individuals having an NHS Health Check. In NEL in 2018/19 6873 Health Check invites were sent by the Wellbeing Service which equated to 85% of our local target. This translated into 1827 completed checks in GP Practice which is only 30% of the target set out by Public Health England.</p> <p>NHS Health Checks: applying All Our Health - https://www.gov.uk/government/publications/nhs-health-checks-applying-all-our-health/nhs-health-checks-applying-all-our-health</p> <p>NHS Health Check Best practice guidance - file:///P:/My%20Documents/Downloads/20160226%20Best%20Practice%20Guidance%20FINAL.pdf</p> <p>Factsheet: Implementation of the NHS Health Check programme - https://www.england.nhs.uk/wp-content/uploads/2014/02/pm-fs-3-1.pdf</p> <p>The NHS Health Check in England: an evaluation of the first 4 years - https://bmjopen.bmj.com/content/6/1/e008840</p>

UNION BOARD

Agenda Item 11

Date of Meeting: 10th September 2019

Subject: **Mental Health Support Teams (MHSTS)**

Presented by: **Councillor Lindley – Portfolio Holder for Children, Education and Young People**

STATUS OF THE REPORT (*auto check relevant box*)

For Information

For Discussion No Yes

Report Exempt from Public Disclosure No Yes

EXECUTIVE SUMMARY:

Part of the Union Board's Terms of Reference is to:

"Oversee, and provide strategic direction / leadership for the delivery of the s75 arrangements and the development, implementation and on-going operation of the s75 Services"

The following report outlines a joint exercise in the procurement of two Mental Health Support Schemes for the support of children and young people, the subject of the extant s75 Agreement.

In line with the Government's priority to increase access and availability of mental health and emotional wellbeing support to children and young people, NHS England made available additional funding to establish new Mental Health Support Teams (MHSTs) across England and invited CCGs to apply for funding to support this delivery model.

The purpose of establishing Mental Health Support Teams is to develop models of early intervention for mild to moderate mental health and emotional wellbeing issues, such as exam stress, behavioural difficulties or friendship issues, as well as providing help to staff within a school or college setting.

An application for funding was made and notification received from NHS England on 12th July 2019 that we have been successful with allocated funding to implement two North East Lincolnshire Mental Health Support Teams. This project will commence in January 2020 with a training

programme supplied by Health Education England and will be fully operational by December 2020.

Mental Health Support Teams will target those children and young people who are at most risk focusing on health inequalities and vulnerabilities in East and West Marsh and targeting the following at risk across North East Lincolnshire including:

- Looked after children (LAC)
- Elected Home Educated
- Excluded children and young people
- Young Carers

The model will also focus on key transition points, due to reported increases in mental health and emotional wellbeing issues such as:

- Primary to secondary schools
- Secondary school to further education setting
- Pupil referral unit and reintegration into a mainstream setting
- Mainstream education setting transferring to elected home educated and returning pupils if appropriate
- Managed move to a pupil referral unit

A project plan has been developed with a Union integrated project team to oversee implementation and procurement.

The procurement process will comply with the requirements of the Contract Procedure Rules and the Public Contracts Regulations 2015.

A market testing event will be held on August 15th 2019 to further inform the specification requirements.

The invitation to tender (part of the procurement process) will be released through YORtender, the Council's procurement portal.

Indicative publication for the tenders on the Official Journal of the European Union is 17th September 2019. The indicative closing date for receiving tenders is 18th October 2019, and the indicative dates for evaluation will take place over a two day period week commencing 21st October 2019.

The completion date for the evaluation of tenders does not allow a report to be prepared and submitted in time to meet the deadlines for the next available Union Board meeting (12th November).

It is therefore requested that the Union Board delegates the award of tender decision to the Director of Children's Services, in consultation with the Portfolio Holder for Children, Education and Young People.



Recommendations:

It is recommended that The Union Board:

1. Approves receipt of funds of £538,122.00 from NHS England to deliver a pilot of two Mental Health Support Teams across the borough and direct investment to Health Education England of £406,718.80 for initial training year.

	<ol style="list-style-type: none"> 2. Authorises the Clinical Commissioning Group's Chief Operating Officer together with the Director of Children's Services (both in consultation with the Portfolio Holder for Children, Education and Young People) to undertake a procurement exercise to appoint a suitably experienced provider to deliver Mental Health Support Teams. 3. Authorises the Clinical Commissioning Group's Chief Operating Officer together with the Director of Children's Services (both in consultation with the Portfolio Holder for Children, Education and Young People) to make an award and to deal with any ancillary matters arising including implementation and mobilisation. . 4. Authorises respective Authorised Signatories to complete and execute legal documentation in connection with the award.
Implications:	
Risks and Opportunities:	<p>Risks</p> <p>NHS England will closely monitor the funding and we will be required to produce a return on a quarterly basis and will reconcile funds which have not been spent or allocated</p> <p>An equalities impact assessment has been undertaken.</p> <p>If we do not provide the mental health support teams then NHS England will withdraw the funding allocation for this element and therefore the trajectories set out in the NHS Long Term Plan will be affected.</p> <p>Opportunities</p> <p>The vision of the service is to support children and young people within their own educational setting earlier to avoid requiring a more specialist service. We aim to develop and maintain closer working relationships between services and agencies that support children and families which offers opportunities for a more coordinated approach.</p> <p>The service aims to improve the outcomes and reduce health inequalities for children and young people, targeting educational settings located within wards with high levels of deprivation. There is an opportunity to target early intervention support in these wards, due to the increased risk factors associated with children and young people experiencing mental health and emotional wellbeing difficulties.</p>
Finance Implications:	<p>This report is mainly requesting delegation powers to procure and let the contract in respect of the Mental Health Support Team. As such there are no additional direct financial implications for the Council.</p> <p>Funding for this scheme will be received and accounted for by the Clinical Commissioning Group with no call for finance from the Council. Existing Council resource will be required but this will all be contained within existing budget envelopes.</p>
Legal Implications:	<p>The Preliminary Market Consultation and the procurement exercise are governed by the Public Contracts Regulations 2015. The Preliminary Market Consultation activity will enable the specification to be developed, in line with the appropriate contractual documentation. Such activity enables the seeking or accepting of advice from independent experts, authorities or from</p>

	<p>market participants providing it does not distort competition nor breach the requirements for non-discrimination and transparency. The contract is the key governing document through which the resulting relationship will be governed and Legal Services in consultation with Clinical Commissioning Group colleagues will complete the contractual documentation on award.</p> <p>The procurement exercise will be conducted so as to comply with the Clinical Commissioning Group and Council's policy and legal obligations, specifically in compliance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015, and supported by relevant officers.</p> <p>The delegations sought are consistent with an exercise of this nature.</p>
<p>Quality Implications:</p>	<p>There will be an improved offer for children and young people within the participating educational settings. This will enhance the support available, making it more accessible and there being more choice for children, young people and their families. The Mental Health Support Teams will focus on early intervention and prevention to avoid escalation to more specialist services, whilst reducing stigma and normalising mental health and emotional wellbeing.</p> <p>The integrated project team will ensure that those educational establishments that are not part of the offer have access to the information, advice and guidance needed to support their pupils/ students with mental health and emotional wellbeing through the existing internal or commissioned services.</p>
<p>Engagement Implications:</p>	<p>The Union approach recognises the extensive engagement and research already undertaken as part of our local transformation plan and the recent mental Health needs assessment. The Future in Mind project board has engaged extensively with schools, pupils and professionals over the last 4 years.</p> <p>A social, emotional mental health conference was held in April with all educational settings invited and key partners and participants helped shape the bid and the selection criteria for inviting educational settings to express an interest in the service.</p> <p>All key stakeholders and partners have been briefed on the outcome of the bidding process and have announced that the Union has been successful in securing two Mental Health Support Teams.</p> <p>A procurement team has been established to engage key partners in the development of the specification. Young people will be involved in the method statements and scoring of Providers answers.</p> <p>There are also engagement activities being planned over the summer to consult with children and young people and their families.</p> <p>All educational settings signed up to the service will be engaged and consulted with to help shape how the Mental Health Support Teams are delivered in each setting to account for individual needs.</p>
<p>Conflicts of Interest</p>	<p><i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<p>There are no actual or potential conflict of interest of which the writer is aware.</p>
<p>Supporting papers</p>	<p><u>Government Response to the Consultation on Transforming Children and Young People’s Mental Health Provision: a Green Paper and Next Steps</u></p> <p>Children and Young People’s Mental Health Support Team 2019-20 Expression of Interest Form</p> <p></p> <p>Children and Young People’s Mental Healt</p> <p>Equality Impact Assessment</p> <p></p> <p>Equality and diversity impact asse:</p>